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Award Number: W81XWH-10-1-0276

TITLE: Exercise and Osteoporosis: A Dose-Response Meta-Analysis

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REPORT DATE: May 2013

TYPE OF REPORT: Final

PREPARED FOR: U.S. Army Medical Research and Materiel Command
Fort Detrick, Maryland 21702-5012

DISTRIBUTION STATEMENT: Approved for Public Release;
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REPORT DOCUMENTATION PAGE				<i>Form Approved</i> <i>OMB No. 0704-0188</i>	
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1. REPORT DATE May 2013		2. REPORT TYPE Final		3. DATES COVERED 1 May 2010 – 30 April 2013	
4. TITLE AND SUBTITLE Exercise and Osteoporosis: A Dose-Response Meta-Analysis				5a. CONTRACT NUMBER	
				5b. GRANT NUMBER W81XWH-10-1-0276	
				5c. PROGRAM ELEMENT NUMBER	
6. AUTHOR(S) Dr. George A. Kelley E-Mail: gkelley@hsc.wvu.edu				5d. PROJECT NUMBER	
				5e. TASK NUMBER	
				5f. WORK UNIT NUMBER	
7. PERFORMING ORGANIZATION NAME(S) AND ADDRESS(ES) West Virginia University Research Corporation Morgantown, West Virginia, 26505-2742				8. PERFORMING ORGANIZATION REPORT NUMBER	
9. SPONSORING / MONITORING AGENCY NAME(S) AND ADDRESS(ES) U.S. Army Medical Research and Materiel Command Fort Detrick, Maryland 21702-5012				10. SPONSOR/MONITOR'S ACRONYM(S)	
				11. SPONSOR/MONITOR'S REPORT NUMBER(S)	
12. DISTRIBUTION / AVAILABILITY STATEMENT Approved for Public Release; Distribution Unlimited					
13. SUPPLEMENTARY NOTES					
14. ABSTRACT (182 words) The overall purpose of this two-year project with a one-year no-cost extension was to use the aggregate data, meta-analytic approach to determine the effects of exercise on bone mineral density (BMD) at the femoral neck (FN) and lumbar spine (LS) in adult men and women 18 years of age and older. In both premenopausal and postmenopausal women, statistically significant and clinically relevant improvements were found for both FN and LS BMD ($p < 0.05$ for all). However, no such differences were observed in men. With respect to dose-response, several associations were found between exercise-induced changes in FN and LS among premenopausal and postmenopausal women but none for load rating. Insufficient data were available to examine load ratings in men. The results of this important work suggest that exercise improves BMD at the FN and LS in both premenopausal and postmenopausal women. However, insufficient evidence currently exists to support such an effect in men. A dire need exists for additional randomized controlled trials in men as well as dose-response studies using more valid and reliable load rating instruments in both men and women.					
15. SUBJECT TERMS Exercise, physical activity, physical fitness, osteoporosis, bone, bone mineral density, meta-analysis, systematic review, dose-response					
16. SECURITY CLASSIFICATION OF:			17. LIMITATION OF ABSTRACT UU	18. NUMBER OF PAGES 330	19a. NAME OF RESPONSIBLE PERSON USAMRMC
a. REPORT U	b. ABSTRACT U	c. THIS PAGE U			19b. TELEPHONE NUMBER (include area code)

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I. INTRODUCTION

Bone health is critical for optimal performance and the prevention of fractures associated with low bone mineral density (BMD). The specific aims of this two year project that was granted a one-year no-cost extension focused on using the aggregate data meta-analytic approach to (1) determine the overall effects of ground reaction force exercise on BMD at the femoral neck (FN) and lumbar spine (LS) in adult humans ≥ 18 years of age, and (2) using recently developed load stimulus data for 48 different physical activities (walking, running, lower-body weight training, etc.),¹ examine the dose-response effects of exercise on BMD at the FN and LS in adult humans ≥ 18 years of age. The two-year funding period was granted a one-year no-cost extension in order to complete presentations and manuscripts.

II. BODY

A. Statement of Work – As can be seen in the table below, all approved work has been accomplished.

Task	Category	Description	Status
1	Data Sources	Search for pertinent literature dealing with the effects of exercise on bone mineral density in adults	Completed (Appendix A)
2	Study Selection	Select studies that meet inclusion criteria dealing with the effects of exercise on bone mineral density in adults	Completed (Appendix B)
3	Data Abstraction	Develop valid and reliable codebooks and code data dealing with the effects of exercise on bone mineral density in adults	Completed (Appendix C)
4	Statistical Analysis	Analyze and interpret data dealing with the effects of exercise on bone mineral density in adults	Completed (Appendix D & E)
5	Products	Present and publish results dealing with the effects of exercise on bone mineral density in adults	Completed (Appendix D & E)

B. Study-Specific Summary of Completed Research

We have learned much from the two years of funding and no-cost extension year that we were allowed for this project. As a result of this important support, we published 3 abstracts from presentations (see Appendix D) as well as three manuscripts in peer-reviewed biomedical journals (see Appendix E).²⁻⁴ For ease of understanding and interpretation, we have divided this section into a concise description regarding (1) the effects of exercise on FN and LS BMD in postmenopausal women,² (2) the effects of exercise on FN and LS BMD in premenopausal women,³ and (3) the effects of exercise on FN and LS BMD in men.⁴

1. Exercise and BMD at the FN and LS in postmenopausal women. Osteoporosis is a major public health problem affecting an estimated 200 million women worldwide.⁵ Congruent with osteoporosis is an increased risk for osteoporosis-related fractures, especially in women during the postmenopausal years, generally considered to begin around 50 years of age.⁶ Comparatively, the lifetime risk of an osteoporosis-related fracture in women is equivalent to the risk of developing cardiovascular disease.⁷ The two most common sites for osteoporosis-related fractures are the hip and the spine, with an estimated worldwide

prevalence of 1.1 million and 862,000, respectively, in women 50 years of age and older in the year 2000.⁶ In the United States, the total annual costs associated with osteoporosis-related fractures were more than \$19 billion in 2005 with a predicted increase to \$25.3 billion in 2025.⁸ The majority of the costs in 2005 were attributed to fractures of the hip (72%) followed by the spine (6%).⁸

Ground (for example, jogging) and joint reaction (for example, strength training) force exercise has been recommended across the lifespan.⁹⁻¹² However, the results of previous randomized controlled exercise intervention trials have reached conflicting and underwhelming conclusions regarding the effects of ground reaction and/or joint reaction force exercise on BMD at the femoral neck (FN) and lumbar spine (LS) in postmenopausal women.¹³⁻³⁷ The purpose of this study was to use the aggregate data meta-analytic approach to determine the effects of ground and/or joint reaction force exercise on BMD at the FN and LS in postmenopausal women.

A search of six electronic databases, cross-referencing from retrieved studies, hand searching selected journals, and expert review, resulted in the inclusion of 25 of 1,182 studies representing 63 groups (35 exercise, 28 control) and up to 1775 participants that met the following criteria: (1) randomized controlled trials, (2) exercise intervention ≥ 24 weeks, (3) comparative control group, (4) postmenopausal women, (5) participants not currently participating in any type of regular joint and/or ground reaction force exercise, (6) published and unpublished (master's theses and dissertations) studies in any language since January 1, 1989 and (7) BMD (relative value of bone mineral per measured bone area or volume) assessed at the FN and/or LS using dual-energy x-ray absorptiometry (DEXA) or dual-photon absorptiometry (DPA).¹³⁻³⁷

Using a random-effects model and standardized effect sizes (g) classified as either trivial (<0.20), small (≥ 0.20 to <0.50), medium (≥ 0.50 to <0.80), or large (≥ 0.80),³⁸ an overall statistically significant benefit ($p = 0.002$) of ground and/or joint reaction force exercise on FN BMD was observed (Figure 1). In addition, non-overlapping confidence intervals (CIs) were observed. The number-needed-to-treat (NNT) was 6 with an estimated 127,968 postmenopausal US women experiencing benefit in FN BMD if they began and maintained a regular exercise program. A statistically significant association between increases in FN BMD and decreased compliance (combined aerobic and strength training groups only), decreases in BMI, decreases in body weight and decreases in percent body fat were observed ($p < 0.05$ for all). A trend ($p < 0.05$ but ≤ 0.10), for a statistically significant association was observed for increases in FN BMD and increases in intensity (strength only), increased compliance (strength training group only) and increases in static balance. No association was found between changes in FN BMD and load rating.

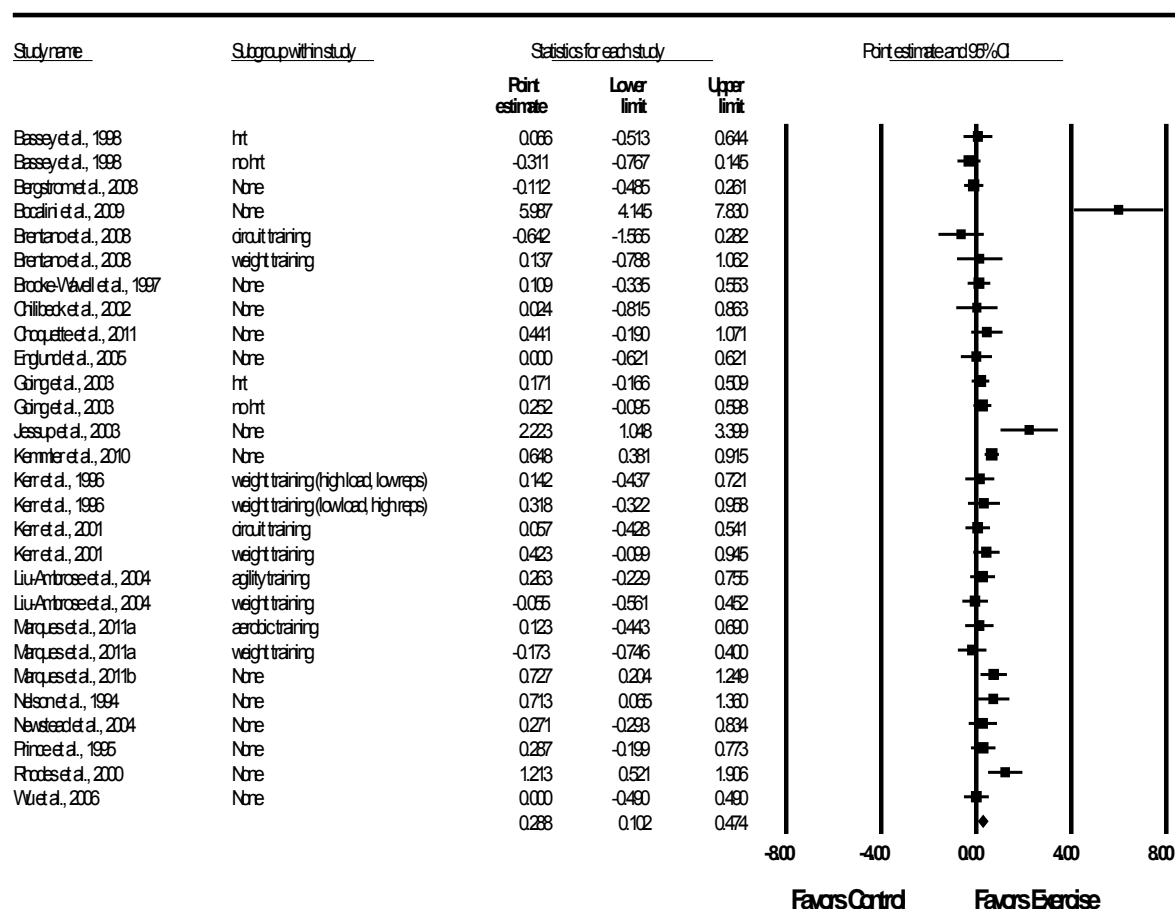


Figure 1. Forest plot for changes in FN BMD among postmenopausal women. The black squares represent the standardized mean difference (g) while the left and right extremes of the squares represent the corresponding 95% confidence intervals. The middle of the black diamond represents the overall standardized mean difference (g) while the left and right extremes of the diamond represent the corresponding 95% confidence intervals. For subgroup, HRT means hormone replacement therapy.

A statistically significant benefit and slightly overlapping 95% CIs were observed for LS BMD (Figure 2). The NNT was 6 with an estimated 80,219 postmenopausal US women maintaining and/or increasing their LS BMD if they began and maintained a regular exercise program. Meta-regression analysis revealed a statistically significant association between increases in LS BMD and older age, greater number of years postmenopausal, fewer minutes of training per session (aerobic groups only), fewer minutes of training per week, greater intensity of training (strength only), increased compliance (strength only), decreased compliance (combined aerobic and strength training only), increases in static balance, decreases in BMI, body weight and percent body fat. A trend for a statistically significant association was found between increases in LS BMD and smaller increases in aerobic fitness as well as increases in lean body mass. No association was found between changes in LS BMD and load rating.

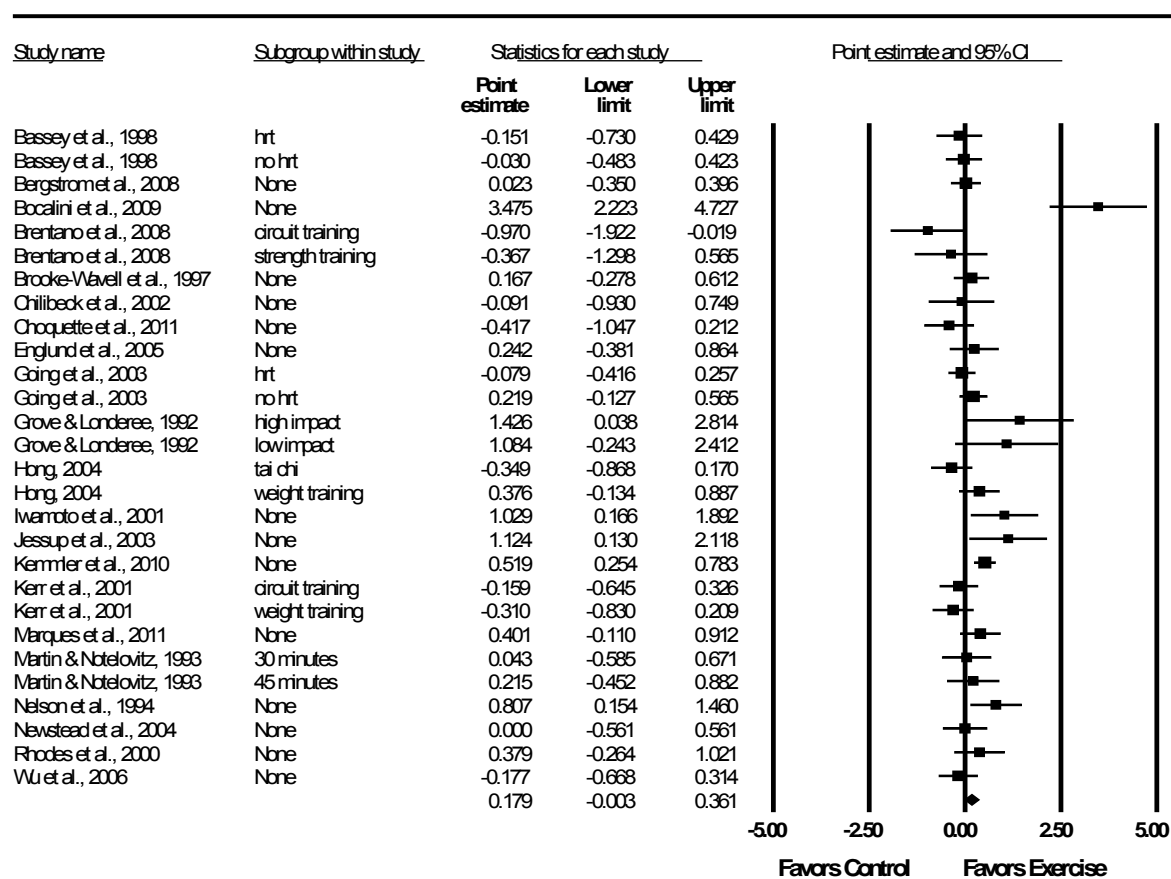


Figure 2. Forest plot for changes in LS BMD among postmenopausal women. The black squares represent the standardized mean difference (g) while the left and right extremes of the squares represent the corresponding 95% confidence intervals. The middle of the black diamond represents the overall standardized mean difference (g) while the left and right extremes of the diamond represent the corresponding 95% confidence intervals. For subgroup, HRT means hormone replacement therapy.

The overall results suggest that ground and joint reaction force exercise may result in clinically important benefits in FN and LS BMD in postmenopausal women, with results more convincing for FN BMD. Based on previous prediction models,³⁹ the exercise-induced changes in BMD observed at the FN and LS in the current meta-analysis would reduce the 20-year relative risk of osteoporotic fracture at any site by approximately 11% and 10%, respectively.

Several interesting associations were found when simple meta-regression was performed for changes in FN and LS BMD. For both FN and LS BMD, greater increases were associated with both greater intensity and compliance in the strength training (joint-reaction force) groups. These findings suggest that greater loads per repetition as well as greater adherence may provide greater benefit to FN and LS BMD. Greater improvements in both FN and LS BMD were also associated with increases in static balance. These associations may be especially important for reducing the risk of falling as well as subsequent fracture risk. Greater increases in both FN and LS BMD were also associated with decreases in BMI, body weight and percent body fat. In addition, increases in LS BMD were associated with increases in LBM. All of these associations may be reflective of greater exercise effort. The

inverse association between increases in both FN and LS BMD with poorer compliance to aerobic and strength training protocols may be nothing more than the play of chance. Alternatively, studies with poorer compliance may have yielded greater benefits in FN and LS BMD because of the greater overall volume of training prescribed. For LS BMD, the positive association between increases in LS BMD and older age as well as a greater number of years postmenopausal may be the result of lower initial levels of BMD. However, we found no association between baseline LS BMD and changes in LS BMD. The negative associations between increases in LS BMD with shorter duration and total minutes of training per week for aerobic exercise studies may help to reinforce the belief that shorter duration activities such as jumping may be more beneficial to LS BMD than activities such as walking.¹¹ One potential reason for this negative association may be the result of calcium loss from excessive sweating in longer duration and/or higher intensity activities.^{40;41} This causes a decrease in serum calcium followed by an increase in serum parathyroid hormone, which then stimulates bone resorption.^{40;41} While these findings are interesting, further research is needed before any firm conclusions can be drawn.

A major interest of the investigative team was to examine the dose–response relationship between changes in FN and LS BMD and exercise load ratings in postmenopausal women. While we found no significant association between changes in FN and LS BMD and load ratings, these associations were based on general categorical estimates versus estimates specific to each activity.¹ The decision to use categorical estimates was based on the inability to accurately calculate load ratings for those studies that involved multiple types of activities. In addition, the algorithm used requires further testing, improvement and validation.¹ Future research should also focus on developing formulas for accurately calculating load ratings from data typically provided in randomized controlled intervention trials. Ideally, individual studies should collect and report force data in all exercise interventions. However, the accurate measurement of such may be challenging for some activities.¹¹ Until additional dose–response research is conducted, it would appear plausible to suggest that postmenopausal women adhere to the exercise guidelines from the American College of Sports Medicine.¹² These include weight-bearing endurance activities 3 to 5 times per week as well as resistance exercise 2 to 3 times per week.¹² However, it will be particularly important for future dose–response studies to determine whether increased duration of aerobic exercise diminishes the potential skeletal benefits, as suggested by the current regression analyses.

In conclusion, the overall findings of this aggregate data meta-analysis suggest that exercise may result in clinically relevant benefits to FN and LS BMD in postmenopausal women. However, future research regarding the dose-response relationship between exercise and FN and LS BMD are needed.

Details regarding the aforementioned study in postmenopausal women can be found in the manuscript located in Appendix E, pages 287-305.

2. Exercise and BMD at the FN and LS in premenopausal women. Maintaining optimal bone mineral density (BMD) levels during the premenopausal years is important for reducing the risk of osteoporosis and subsequent fractures during the postmenopausal years, with

relative-risk increases ranging from 1.5 to 3.0.⁴² In addition, the prevalence of osteopenia and osteoporosis has been reported to be 15% and 0.6%, respectively, in premenopausal women.⁴³ Furthermore, it has been estimated that the loss of BMD ranges from 0.25% to 1% per year in premenopausal women.⁴² While pharmacologic therapy is usually contraindicated in premenopausal women, reliance on lifestyle factors is almost always recommended.^{42;44} One potentially effective lifestyle approach for achieving this goal is exercise, a low-cost, non-pharmacologic intervention that is available to the vast majority of the population. The purpose of this study was to use the aggregate data meta-analytic approach to determine the overall effects, as well as potential moderators and predictors of, ground and joint reaction force exercise on FN and LS BMD in premenopausal women.

A search of six electronic databases, cross-referencing from retrieved studies, hand searching selected journals, and expert review, resulted in 7 of 1,055 studies representing 17 groups (10 exercise, 7 control) and 521 participants (269 exercise, 252 control) that met the following inclusion criteria: (1) randomized trials with a comparative control group, (2) premenopausal women, (3) participants not engaged in a regular exercise program prior to study enrollment, (4) ground and/or joint reaction force exercise intervention of at least 24 weeks, (5) published and unpublished (master's theses and dissertations) studies since January 1989, and (6) data available for changes in BMD at the FN and/or LS and assessed using dual-energy X-ray absorptiometry (DEXA) or dual-photon absorptiometry (DPA). Any studies not meeting all six criteria were excluded.⁴⁵⁻⁵¹

Using a random-effects model and standardized effect sizes (g) classified as either trivial (<0.20), small (≥ 0.20 to <0.50), medium (≥ 0.50 to <0.80), or large (≥ 0.80),³⁸ statistically significant ($p = 0.03$) benefits with non-overlapping CI's were observed for FN BMD (Figure 3). Changes were equivalent to a 1.1% benefit (0.4% increase in the exercise groups, -0.7% decrease in the control groups). The NNT was 5.

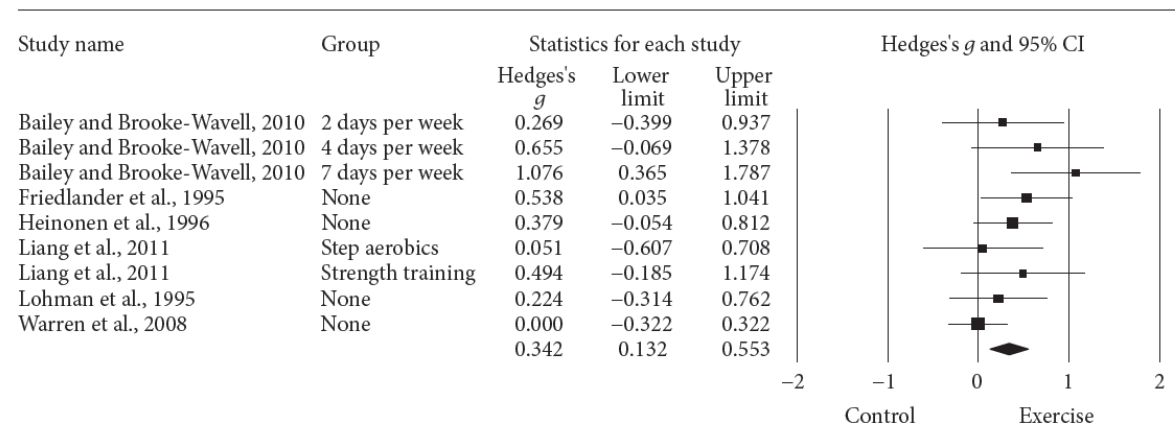


Figure 3. Forest plot for changes in FN BMD among premenopausal women. The black squares represent the standardized mean difference (g) while the left and right extremes of the squares represent the corresponding 95% confidence intervals. The middle of the black diamond represents the overall standardized mean difference (g) while the left and right extremes of the diamond represent the corresponding 95% confidence intervals.

There was a trend ($p > 0.05$ to ≤ 0.10) for greater benefits in FN BMD for those participating in home versus facility-based exercise. A statistically significant ($p \leq 0.05$) and positive relationship was observed between benefits in FN BMD and the number of sets

performed when resistance training while an inverse relationship was observed for exercise frequency. A trend for statistical significance was observed for greater benefits in FN BMD and (1) shorter exercise interventions, (2) lower initial FN BMD, (3) increases in body weight, and (4) decreases in upper body strength. Load rating was not associated with changes in FN BMD.

With one outlier deleted from the model, statistically significant benefits along with non-overlapping confidence intervals were observed between exercise and changes in LS BMD (Figure 4). The NNT was 9. A trend for a statistically significant association was observed for greater benefits in LS BMD and earlier published studies. No statistically significant association was found between load rating and changes in LS BMD.

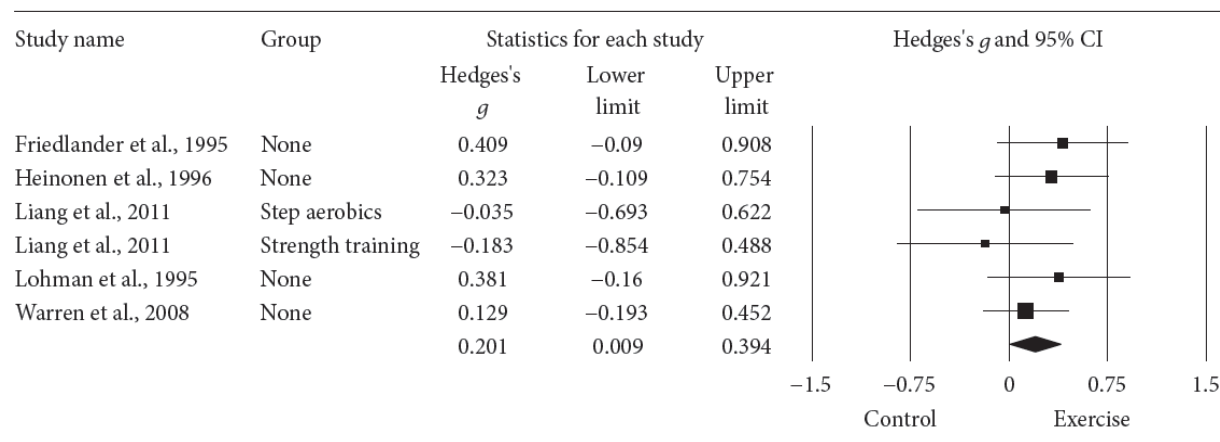


Figure 4. Forest plot for changes in LS BMD among premenopausal women. The black squares represent the standardized mean difference (g) while the left and right extremes of the squares represent the corresponding 95% confidence intervals. The middle of the black diamond represents the overall standardized mean difference (g) while the left and right extremes of the diamond represent the corresponding 95% confidence intervals.

The overall findings suggest that exercise results in small but statistically significant benefits in both FN and LS BMD. In addition, moderator analyses resulted in a trend for greater benefits on FN BMD when exercise took place in the home versus a facility. Since the investigative team is not aware of any consensus in the literature regarding which location is superior, future research in this area appears warranted.

Simple meta-regression analyses resulted in several noteworthy associations that may be appropriate for future investigation. Specifically, there was a trend for greater increases in FN BMD with shorter exercise interventions as well as a statistically significant association between increases in FN BMD and fewer days per week of exercise. One possible explanation for the negative associations observed may have to do with the loss of calcium from excessive exercise.^{40;41} This causes a decrease in serum calcium, followed by an increase in serum parathyroid hormone, which then stimulates bone resorption.^{40;41} However, no association was observed between changes in FN BMD and duration of training as well as exercise load rating. Thus, while these findings are interesting, further dose-response research is needed before any firm conclusions can be drawn. For resistance training, greater increases in FN BMD were associated with a greater number of sets. Since sweating as a result of resistance training is usually not as great as that from aerobic exercise, it may be that

a greater but undetermined amount of resistance training is needed to increase FN BMD in premenopausal women. However, no association was found between the number of exercises performed and changes in FN BMD. Given the former, it would appear appropriate to suggest that future dose-response studies are needed to address this issue. Until that time, it would appear plausible to suggest adherence to current exercise guidelines for optimizing BMD in adults.¹²

The trend for greater benefits in FN BMD and lower baseline BMD at the FN suggests that those with lower FN BMD may derive the greatest benefits as a result of exercise. This finding would seem to be entirely reasonable. The trend for increases in FN BMD to be associated with increases in body weight supports well-established research regarding greater BMD in heavier adult humans. Other than chance, the investigative team has no plausible explanation for the observed association between increases in FN BMD and smaller increases in upper body strength. Finally, there was a trend for greater benefits in LS BMD for those studies published during the earlier years. This observed association may be reflective of improved study designs in more recent years.

In conclusion, the overall findings of the current meta-analysis provide additional support regarding the benefits of exercise, including NNT estimates to aid decision makers regarding the utility of exercise for improving FN and LS BMD in premenopausal women. In addition, this study provides first-time meta-analytic evidence, when limited to randomized controlled trials, of potential moderators and predictors with respect to changes in FN and LS BMD which appears worthy of pursuing in future well-designed randomized controlled trials. The inability of the current meta-analysis to provide a definitive exercise prescription warrants further research.

Details regarding the aforementioned study in premenopausal women can be found in the manuscript located in Appendix E, pages 306-321.

3. Exercise and BMD at the FN and LS in men. While the prevalence of osteopenia and osteoporosis is more common in women than men,⁵² the burden of this problem among men is still substantial. For example, recent data from the US National Center for Health Statistics reported that the age-adjusted prevalence of osteopenia among US men 50 years of age and older was 38% while the age-adjusted prevalence for osteoporosis was 4%.⁵² Using 2010 population estimates from the US Census Bureau,⁵³ this means that approximately 16.8 million US men 50 years of age and older currently have osteopenia while more than 1.7 million have osteoporosis. One potential, low-cost, readily available non-pharmacologic approach for maintaining optimal BMD levels in men is exercise. The purpose of this study was to use the aggregate data meta-analytic approach to examine the effects of exercise on FN and LS BMD in men.

A search of six electronic databases, cross-referencing from retrieved studies, hand searching selected journals, and expert review resulted in 3 of 1,055 studies representing 9 groups (five exercise and four control) and 275 participants (152 exercise, 123 control) that met the following inclusion criteria: (1) randomized trials with a comparative control group, (2) men 18 years of age and older, (3) participants not taking part in regular exercise prior to study

enrollment, (4) ground and/or joint reaction force exercise intervention of at least 24 weeks, (5) published and unpublished (master's theses and dissertations) studies since January 1989, and (6) data available for changes in FN and/or LS BMD as assessed by dual-energy X-ray absorptiometry (DEXA) or dual-photon absorptiometry (DPA).

Using a random-effects model and standardized effect sizes (g) classified as either trivial (<0.20), small (≥ 0.20 to <0.50), medium (≥ 0.50 to <0.80), or large (≥ 0.80),³⁸ a statistically significant improvement was found at the FN (3 g 's, 187 participants, $g=0.583$, $p=0.04$) (Figure 5). However, results were sensitive to influence analysis as well as collapsing multiple groups from the same studies so that only one g represented each study. Given the small sample size, we were unable to conduct any type of moderator or regression analyses.

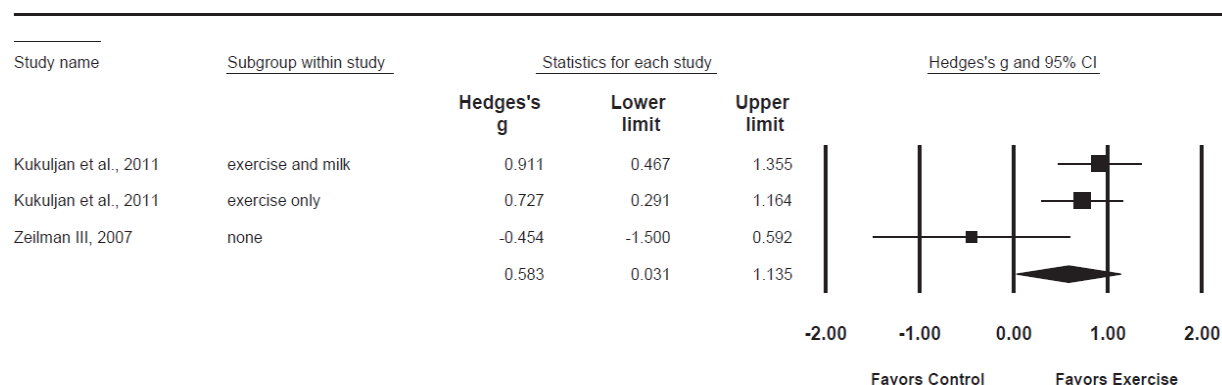


Figure 5. Forest plot for changes in FN BMD in men. The black squares represent the standardized mean difference (g) while the left and right extremes of the squares represent the corresponding 95% confidence intervals. The middle of the black diamond represents the overall standardized mean difference (g) while the left and right extremes of the diamond represent the corresponding 95% confidence intervals.

While not statistically significant, a trend for statistical significance was observed for exercise-induced benefits in LS BMD (5 g 's, 275 participants, $g=0.190$, $p=0.10$) (Figure 6). However, results were sensitive to influence analysis as well as collapsing multiple groups from the same studies so that only one g represented each study. Similar to FN BMD, results were sensitive to influence analysis as well as collapsing multiple groups from the same studies so that only one g represented each study. We were unable to conduct any type of moderator or regression analyses because of the small sample size.

While a statistically significant benefit of exercise was observed in FN BMD and a trend in LS BMD, the findings for both were sensitive to influence analysis and/or collapsing multiple groups from the same study so that only one g represented each study. Thus, given the small number of g 's included and the instability of results, it is believed that there is currently insufficient evidence to recommend exercise as a singular intervention for improving and/or maintaining FN and LS BMD in men. However, similar to recent clinical practice guidelines by the Endocrine Society on osteoporosis in men,⁵⁴ it is suggested that men, especially those at risk for osteoporosis, participate in regular exercise. While the Endocrine Society guidelines suggest that men participate in weight bearing, i.e., ground reaction force exercise, three to four times per week for 30 to 40 min per session, the American College of Sports Medicine Position Statement suggests that adults participate in

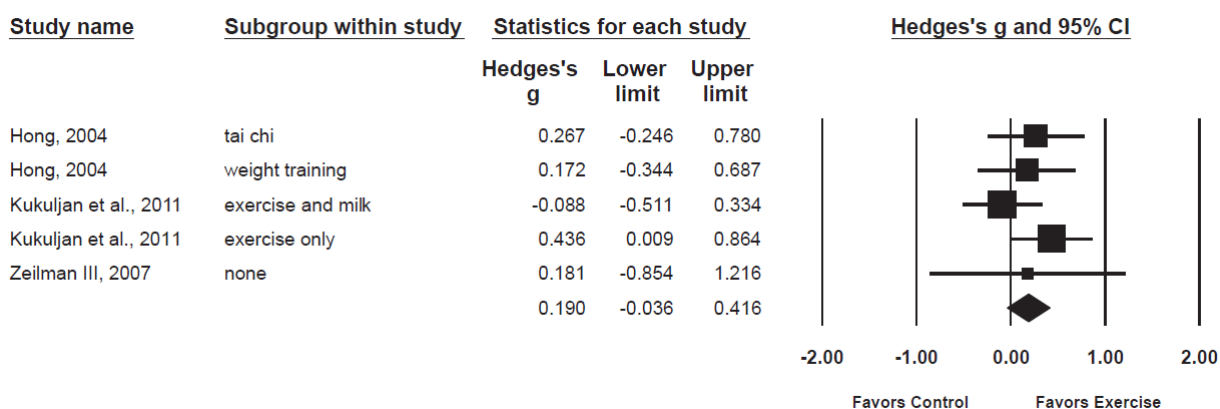


Figure 6. Forest plot for changes in LS BMD in men. The black squares represent the standardized mean difference (g) while the left and right extremes of the squares represent the corresponding 95% confidence intervals. The middle of the black diamond represents the overall standardized mean difference (g) while the left and right extremes of the diamond represent the corresponding 95% confidence intervals

ground reaction force exercise, i.e., weight bearing endurance exercise, 3 to 5 times per week for 30 to 60 min per session as well as joint reaction force exercise, i.e., weight training, 2 to 3 times per week.¹² Despite the current lack of convincing evidence to support the use of exercise for improving and/or maintaining FN and LS BMD in men, it would seem plausible that adherence to the latter would be more appropriate, especially given the other benefits and minimal risk derived from participation in both.^{12;55} Finally, it is clear that additional randomized controlled trials addressing the effects of exercise on FN and LS BMD in men are needed. This recommendation is consistent with the 2008 US Department of Health and Human Services Physical Activity Guidelines for Americans.¹¹

In conclusion, there is currently insufficient evidence at this time to recommend ground and/or joint reaction force exercise for improving and/or maintaining FN and LS BMD in men. Additional well-designed randomized controlled trials in men are needed before any final recommendations can be formulated.

Details regarding the aforementioned study in men can be found in the manuscript located in Appendix E, pages 322-330.

III. KEY RESEARCH ACCOMPLISHMENTS FOR PROJECT PERIOD

- A. Developed an electronic search strategy for potentially eligible studies (Appendix A).
- B. Developed a reference database of intervention studies dealing with the effects of exercise on FN and LS BMD in adults (Appendix B).
- C. Developed code book and coded data for all eligible intervention studies dealing with the effects of exercise on FN and LS BMD in adults (Appendix C).
- D. Published and presented three abstracts dealing with the effects of exercise intervention studies on FN and LS BMD in adults (Appendix D).
- E. Published three meta-analytic papers dealing with the effects of exercise intervention studies on FN and LS BMD in adults (Appendix E).

IV. REPORTABLE OUTCOMES FOR PROJECT PERIOD

A. Published Abstracts of Presentations (Appendix D)

1. **Kelley G**, Kelley K, Kohrt W. (2012). Effects of ground and joint reaction force exercise on lumbar spine and femoral neck bone mineral density in postmenopausal women: a meta-analysis of randomized controlled trials. Arthritis and Rheumatism. 64(10):S1014-S1015. (Pages 281-282 of Appendix)
2. **Kelley GA**, Kelley KS, Kohrt WM. (2013) Exercise and bone mineral density in premenopausal women: A meta-analysis of randomized controlled trials. Medicine and Science in Sports and Exercise. 1206. (Pages 283-284 of Appendix)
3. **Kelley GA**, Kelley KS, Kohrt WM. (2013) Exercise and bone mineral density in men: A meta-analysis of randomized controlled trials. Medicine and Science in Sports and Exercise. 1599. (Page 285 of Appendix)

B. Articles Published (Appendix E)

1. **Kelley G**, Kelley K, Kohrt W. (2012). Effects of ground and joint reaction force exercise on lumbar spine and femoral neck bone mineral density in postmenopausal women: a meta-analysis of randomized controlled trials. BMC Musculoskeletal Disorders. 13(1): Article ID 177, 1-19. (Pages 287-305 of Appendix)
2. **Kelley GA**, Kelley KS, Kohrt WM. Exercise and bone mineral density in premenopausal women: A meta-analysis of randomized controlled trials. International Journal of Endocrinology 2013, Article ID 741639, 1-16. 201. (Pages 306-321 of Appendix)
3. **Kelley GA**, Kelley KS, Kohrt WM. Exercise and bone mineral density in men: A meta-analysis of randomized controlled trials. Bone. 53:103-111. (Pages 322-330 of Appendix)

C. Personnel (Paid)

1. Dr. George A. Kelley, FACSM – Principal Investigator
2. Kristi Sharpe-Kelley, M.Ed. – Research Technician
3. Dr. Wendy Kohrt – Consultant

V. CONCLUSIONS FOR PROJECT PERIOD

A. Implications of Completed Research

The overall results of our research led us to the following major conclusions:

1. Exercise increases and maintains FN and LS BMD in postmenopausal women.
2. Exercise increases and maintains FN and LS BMD in premenopausal women.
3. While promising, there is currently insufficient evidence to recommend exercise as being beneficial for FN and LS BMD in men.

4. Weight-bearing endurance activities 3 to 5 times per week as well as resistance exercise 2 to 3 times per week should benefit FN and LS BMD.¹²

B. Suggestions for Future Research

Based on our findings, we recommend the following areas in which additional research is needed:

1. Additional randomized controlled trials addressing the dose-response effects of exercise on FN and LS BMD in adult men and women of all ages.
2. Additional randomized controlled trials addressing the overall effects of exercise on FN and LS BMD in men.
3. The development of more valid and reliable load rating instruments that can easily be applied in randomized controlled exercise intervention trials.

B. So What?

Osteoporosis and osteopenia are major public health problems among both men and women. The results of our research suggest that exercise can benefit FN and LS BMD in pre and postmenopausal women. These benefits may reduce the risk for subsequent fracture.

VI. REFERENCES

1. Weeks BK, Beck BR. The BPAQ: a bone-specific physical activity assessment instrument. *Osteoporos Int* 2008;19:1567-1577.
2. Kelley G, Kelley K, Kohrt W. Effects of ground and joint reaction force exercise on lumbar spine and femoral neck bone mineral density in postmenopausal women: a meta-analysis of randomized controlled trials. *BMC Musculoskelet Disord* 2012;13:177.
3. Kelley GA, Kelley KS, Kohrt WM. Exercise and bone mineral density in premenopausal women: A meta-analysis of randomized controlled trials. *International Journal of Endocrinology* 2013, Article ID 741639, 1-16. 2013.
4. Kelley GA, Kelley KS, Kohrt WM. Exercise and bone mineral density in men: A meta-analysis of randomized controlled trials. *Bone* 2013;53:103-111.
5. Kanis JA. WHO Technical Report. 66. 2007. University of Sheffield, UK.
6. Johnell O, Kanis JA. An estimate of the worldwide prevalence and disability associated with osteoporotic fractures. *Osteoporos Int* 2006;17:1726-1733.
7. Kanis JA. Diagnosis of osteoporosis and assessment of fracture risk. *The Lancet* 2002;359:1929-1936.
8. Burge R, Dawson-Hughes B, Solomon DH, Wong JB, King A, Tosteson A. Incidence and economic burden of osteoporosis-related fractures in the United States, 2005-2025. *J Bone Miner Res* 2007;22:465-475.
9. International Osteoporosis Foundation. Prevention of Osteoporosis. *Int Osteoporos Foundation* [serial online] 2011; Accessed February 25, 2012.
10. National Osteoporosis Foundation. Prevention and Healthy Living. 2012. Washington, DC, National Osteoporosis Foundation. 2-25-2012.

11. Physical Activity Guidelines Advisory Committee. Physical Activity Guidelines Advisory Report. 2008. Washington, DC., U.S. Department of Health and Human Services.
12. Kohrt WM, Bloomfield SA, Little KD, Nelson ME, Yingling VR. American College of Sports Medicine Position Stand: physical activity and bone health. *Med Sci Sports Exerc* 2004;36:1985-1996.
13. Bassey EJ, Rothwell MC, Littlewood JJ, Pye DW. Pre- and postmenopausal women have different bone mineral density responses to the same high-impact exercise. *J Bone Miner Res* 1998;13:1805-1813.
14. Bergstrom I, Landgren B, Brinck J, Freyschuss B. Physical training preserves bone mineral density in postmenopausal women with forearm fractures and low bone mineral density. *Osteoporos Int* 2008;19:177-183.
15. Bocalini DS, Serra AJ, Dos SL, Murad N, Levy RF. Strength training preserves the bone mineral density of postmenopausal women without hormone replacement therapy. *J Aging Health* 2009;21:519-527.
16. Brentano MA, Cadore EL, da Silva EM et al. Physiological adaptations to strength and circuit training in postmenopausal women with bone loss. *J Strength Cond Res* 2008;22:1816-1825.
17. Brooke-Wavell KSF, Jones PRM, Hardman AE. Brisk walking reduces calcaneal bone loss in post-menopausal women. *Clin Sci* 1997;92:75-80.
18. Chilibeck PD, Davison KS, Whiting SJ, Suzuki Y, Janzen CL, Peloso P. The effect of strength training combined with bisphosphonate (etidronate) therapy on bone mineral, lean tissue, and fat mass in postmenopausal women. *Can J Physiol Pharmacol* 2002;80:941-50.
19. Choquette S, Riesco E, Cormier E, Dion T, Aubertin-Leheudre M, Dionne JJ. Effects of soya isoflavones and exercise on body composition and clinical risk factors of cardiovascular diseases in overweight postmenopausal women: a 6-month double-blind controlled trial. *Br J Nutr* 2011;105:1199-1209.
20. Englund U, Littbrand H, Sundell A, Pettersson U, Bucht G. A 1-year combined weight-bearing training program is beneficial for bone mineral density and neuromuscular function in older women. *Osteoporos Int* 2005;16:1117-1123.
21. Going S, Lohman T, Houtkooper L et al. Effects of exercise on bone mineral density in calcium-replete postmenopausal women with and without hormone replacement therapy. *Osteoporos Int* 2003;14:637-43.
22. Grove KA, Londeree BR. Bone density in postmenopausal women: high impact versus low impact exercise. *Med Sci Sports Exerc* 1992;24:1190-1194.
23. Hong WL. *Tai Chi and resistance training exercise: would these really improve the health of the elderly?* The Chinese University of Hong Kong; 2004. (Dissertation)
24. Iwamoto J, Takeda T, Ichimura S. Effect of exercise training and detraining on bone mineral density in postmenopausal women with osteoporosis. *J Orthop Sci* 2001;6:128-132.
25. Jessup JV, Horne C, Vishen RK, Wheeler D. Effects of exercise on bone density, balance, and self-efficacy in older women. *Biol Res Nurs* 2003;4:171-80.
26. Kemmler W, von Stengel S, Engelke K, Haberle L, Kalender WA. Exercise effects on bone mineral density, falls, coronary risk factors, and health care costs in older women:

- the randomized controlled senior fitness and prevention (SEFIP) study. *Arch Int Med* 2010;170:179-185.
27. Kerr D, Morton A, Dick I, Prince R. Exercise effects on bone mass in postmenopausal women are site-specific and load-dependent. *J Bone Miner Res* 1996;11:218-225.
 28. Kerr D, Ackland T, Maslen B, Morton A, Prince R. Resistance training over 2 years increases bone mass in calcium-replete postmenopausal women. *J Bone Miner Res* 2001;16:175-181.
 29. Liu-Ambrose TYL, Khan KM, Eng JJ, Heinonen A, McKay HA. Both resistance and agility training increase cortical bone density in 75- to 85-year-old women with low bone mass: a 6-month randomized controlled trial. *J Clin Densitom* 2004;7:390-398.
 30. Marques EA, Mota J, Machado L et al. Multicomponent training program with weight-bearing exercises elicits favorable bone density, muscle strength, and balance adaptations in older women. *Calcif Tissue Int* 2011;88:117-129.
 31. Marques EA, Wanderley F, Machado L et al. Effects of resistance and aerobic exercise on physical function, bone mineral density, OPG and RANKL in older women. *Exp Gerontol* 2011;46:524-532.
 32. Martin D, Notelovitz M. Effects of aerobic training on bone mineral density of postmenopausal women. *J Bone Miner Res* 1993;8:931-936.
 33. Nelson ME, Fiatarone MA, Morganti CM, Trice I, Greenberg RA, Evans WJ. Effects of high-intensity strength training on multiple risk factors for osteoporotic fractures: a randomized controlled trial. *JAMA* 1994;272:1909-1914.
 34. Newstead A, Smith KI, Bruder J, Keller C. The effect of a jumping exercise intervention on bone mineral density in postmenopausal women. *J Geriatr Phys Ther* 2004;27:47-52.
 35. Prince R, Devine A, Criddle A et al. The effects of calcium supplementation (milk powder or tablets) and exercise on bone density in postmenopausal women. *J Bone Miner Res* 1995;10:1068-1075.
 36. Rhodes EC, Martin AD, Taunton JE, Donnelly M, Warren J, Elliot J. Effects of one year of resistance training on the relation between muscular strength and bone density in elderly women. *Br J Sports Med* 2000;34:18-22.
 37. Wu J, Oka J, Higuchi M et al. Cooperative effects of isoflavones and exercise on bone and lipid metabolism in postmenopausal Japanese women: a randomized placebo-controlled trial. *Metabolism* 2006;55:423-433.
 38. Cohen J. A power primer. *Psychol Bull* 1992;112:155-159.
 39. Melton LJ, III, Crowson CS, O'Fallon WM, Wahner HW, Riggs BL. Relative contributions of bone density, bone turnover, and clinical risk factors to long-term fracture prediction. *J Bone Miner Res* 2003;18:312-318.
 40. Barry DW, Kohrt WM. BMD decreases over the course of a year in competitive male cyclists. *J Bone Miner Res* 2008;23:484-491.
 41. Barry DW, Kohrt WM. Acute effects of 2 hours of moderate-intensity cycling on serum parathyroid hormone and calcium. *Calcif Tissue Int* 2007;80:359-365.
 42. Vondracek SF, Hansen LB, McDermott MT. Osteoporosis risk in premenopausal women. *Pharmacotherapy* 2009;29:305-317.
 43. Kanis JA, Delmas P, Burckhardt P, Cooper C, Torgerson D. Guidelines for diagnosis and management of osteoporosis. The European Foundation for Osteoporosis and Bone Disease. *Osteoporos Int* 1997;7:390-406.

44. Lewiecki EM. Low bone mineral density in premenopausal women. *South Med J* 2004;97:544-550.
45. Bailey CA, Brooke-Wavell K. Optimum frequency of exercise for bone health: randomised controlled trial of a high-impact unilateral intervention. *Bone* 2010;46:1043-1049.
46. Friedlander AL, Genant HK, Sadowsky S, Byl NN, Gluer CC. A two-year program of aerobics and weight training enhances bone mineral density of young women. *J Bone Miner Res* 1995;10:574-585.
47. Heinonen A, Kanus P, Sievanen H et al. Randomised control trial of effect of high-impact exercise on selected risk factors for osteoporotic fractures. *The Lancet* 1996;348:1343-1347.
48. Liang MT, Braun W, Bassin SL et al. Effect of high-impact aerobics and strength training on BMD in young women aged 20-35 years. *Int J Sports Med* 2011;32:100-108.
49. Lohman T, Going S, Pamentier R et al. Effects of resistance training on regional and total bone mineral density in premenopausal women: a randomized prospective study. *J Bone Miner Res* 1995;10:1015-1024.
50. Warren M, Petit MA, Hannan PJ, Schmitz KH. Strength training effects on bone mineral content and density in premenopausal women. *Med Sci Sports Exerc* 2008;40:1282-1288.
51. Weaver CM, Teegarden D, Lyle RM et al. Impact of exercise on bone health and contraindication of oral contraceptive use in young women. *Med Sci Sports Exerc* 2001;33:873-880.
52. Looker AC, Burrod LG, Dawson-Hughes B, Shepherd JA, Wright NC. Osteoporosis or low bone mass at the femur neck or lumbar spine in older adults: United States, 2005-2008. NCHS Data Brief no 93. 2012. Hyattsville, MD, National Center for Health Statistics.
53. US Census Bureau. 2010 American Community Survey. *US Census Bureau* [serial online] 2012; Accessed May 12, 2012.
54. Watts NB, Adler RA, Bilezikian JP et al. Osteoporosis in men: An Endocrine Society clinical practice guideline. *J Clin Endocrinol Metab* 2012;97:1802-1822.
55. Pedersen BK, Saltin B. Evidence for prescribing exercise as therapy in chronic disease. *Scand J Med Sci Sports* 2006;16:3-63.

VII. APPENDICES

- A. Search Strategies for Electronic Database Searches
- B. Reference Lists of Included and Excluded BMD Studies
- C. Base Meta-Analytic Codebook
- D. Published Abstracts of Presentations at Professional Conferences
- E. Publications in Peer-Reviewed Biomedical Journals

APPENDIX A

Database Search Strategies

1. Medline

Query Limiters/Expanders Last Run Via Results

S7 (s3 and s6) Limiters - Date of Publication from: 19890101-20100631;

Human; Age Related: All Adult: 19+ years

Search modes - Find all my search terms Interface - EBSCOhost

Search Screen - Advanced Search

Database - MEDLINE 402

S6 (s4 or s5) Limiters - Date of Publication from: 19890101-20100631;

Human; Age Related: All Adult: 19+ years

Search modes - Find all my search terms Interface - EBSCOhost

Search Screen - Advanced Search

Database - MEDLINE 387298

S5 TX clinical w1 trial* Limiters - Date of Publication from:

19890101-20100631; Human; Age Related: All Adult: 19+ years

Search modes - Find all my search terms Interface - EBSCOhost

Search Screen - Advanced Search

Database - MEDLINE 324417

S4 TX random* w1 control* Limiters - Date of Publication from:

19890101-20100631; Human; Age Related: All Adult: 19+ years

Search modes - Find all my search terms Interface - EBSCOhost

Search Screen - Advanced Search

Database - MEDLINE 211688

S3 (s1 and s2) Limiters - Date of Publication from: 19890101-20100631;

Human; Age Related: All Adult: 19+ years

Search modes - Find all my search terms Interface - EBSCOhost

Search Screen - Advanced Search

Database - MEDLINE 1672

S2 (MH "bone density") or TX bone w1 densit* Limiters - Date of

Publication from: 19890101-20100631; Human; Age Related: All Adult: 19+ years

Search modes - Find all my search terms Interface - EBSCOhost

Search Screen - Advanced Search

Database - MEDLINE 21414

S1 MH exercise or TX exercise Limiters - Date of Publication from:

19890101-20100631; Human; Age Related: All Adult: 19+ years

Search modes - Find all my search terms Interface - EBSCOhost

Search Screen - Advanced Search

Database - MEDLINE 82574

2. Cochrane Database of Controlled Clinical Trials

(exercise):ti,ab,kw and (bone NEAR/1 densit*):ti,ab,kw and (random* NEAR/1 control*):ti,ab,kw and (human):ti,ab,kw, from 1989 to 2010 in Clinical Trials

3. Dissertation Abstracts Online

(kw: exercise and kw: bone and kw: densit*) and kw: random*
years 1989-2010

4. Embase

Set	Items	Description
S1	224518	EXERCISE OR EXERCISE/DE
S2	41847	BONE(W)DENSIT? OR BONE(W)DENSITY/DE
S3	2630	S1 AND S2
S4	294309	RANDOM?(W)CONTROL?
S5	868757	CLINICAL(W)TRIAL?
S6	894597	S4 OR S5
S7	585	S3 AND S6
S8	578	S7/HUMAN
S9	577	S8 AND PY=1989:2010
S10	296	S9 AND DT=ARTICLE
S11	296	S10 NOT DT=EDITORIAL
S13	54	FS=MEDLINE AND S11

5. CINAHL

Query Limiters/Expanders Last Run Via Results

S7 (s3 and s6) Search modes - Find all my search terms Interface - EBSCOhost

Search Screen - Advanced Search

Database - CINAHL with Full Text 224

S6 (s4 or s5) Search modes - Find all my search terms Interface - EBSCOhost

Search Screen - Advanced Search

Database - CINAHL with Full Text 41070

S5 (MH "Clinical Trials+") Limiters - Published Date from:

19890101-20100631; Human; Age Groups: All Adult

Search modes - Find all my search terms Interface - EBSCOhost

Search Screen - Advanced Search

Database - CINAHL with Full Text 35755

S4 TX random* w1 control* Limiters - Published Date from:

19890101-20100631; Human; Age Groups: All Adult

Search modes - Find all my search terms Interface - EBSCOhost

Search Screen - Advanced Search
 Database - CINAHL with Full Text 13913
 S3 (s1 and s2) Limiters - Published Date from: 19890101-20100631; Human;
 Age Groups: All Adult
 Search modes - Find all my search terms Interface - EBSCOhost
 Search Screen - Advanced Search
 Database - CINAHL with Full Text 672
 S2 (NH "bone density") or TX bone w1 densit* Limiters - Published Date
 from: 19890101-20100631; Human; Age Groups: All Adult
 Search modes - Find all my search terms Interface - EBSCOhost
 Search Screen - Advanced Search
 Database - CINAHL with Full Text 2392
 S1 MH exercise or TX exercise Limiters - Published Date from:
 19890101-20100631; Human; Age Groups: All Adult
 Search modes - Find all my search terms Interface - EBSCOhost
 Search Screen - Advanced Search
 Database - CINAHL with Full Text 29586

6. SportDiscus

Query Limiters/Expanders Last Run Via Results

S11 (s7 and s10) Limiters - Published Date: 19890101-20100631
 Search modes - Find all my search terms Interface - EBSCOhost
 Search Screen - Advanced Search
 Database - SPORTDiscus with Full Text 300
 S10 (s8 or s9) Limiters - Published Date: 19890101-20100631
 Search modes - Find all my search terms Interface - EBSCOhost
 Search Screen - Advanced Search
 Database - SPORTDiscus with Full Text 135179
 S9 (teenager* or adolescen* or teen* or adult or senior or aged or
 geriatric or geriatrics or elder or elderly) Limiters - Published Date:
 19890101-20100631
 Search modes - Find all my search terms Interface - EBSCOhost
 Search Screen - Advanced Search
 Database - SPORTDiscus with Full Text 84621
 S8 human Limiters - Published Date: 19890101-20100631
 Search modes - Find all my search terms Interface - EBSCOhost
 Search Screen - Advanced Search
 Database - SPORTDiscus with Full Text 59183
 S7 (s3 and s6) Limiters - Published Date: 19890101-20100631
 Search modes - Find all my search terms Interface - EBSCOhost
 Search Screen - Advanced Search
 Database - SPORTDiscus with Full Text 639
 S6 (s4 or s5) Limiters - Published Date: 19890101-20100631
 Search modes - Find all my search terms Interface - EBSCOhost
 Search Screen - Advanced Search

Database - SPORTDiscus with Full Text 23853

S5 TX clinical w1 trial* Limiters - Published Date: 19890101-20100631

Search modes - Find all my search terms Interface - EBSCOhost

Search Screen - Advanced Search

Database - SPORTDiscus with Full Text 16823

S4 TX random* w1 control* Limiters - Published Date: 19890101-20100631

Search modes - Find all my search terms Interface - EBSCOhost

Search Screen - Advanced Search

Database - SPORTDiscus with Full Text 13437

S3 (s1 and s2) Limiters - Published Date: 19890101-20100631

Search modes - Find all my search terms Interface - EBSCOhost

Search Screen - Advanced Search

Database - SPORTDiscus with Full Text Display

S2 (MH "bone density") or TX bone w1 densit* Limiters - Published Date:
19890101-20100631

Search modes - Find all my search terms Interface - EBSCOhost

Search Screen - Advanced Search

Database - SPORTDiscus with Full Text Display

S1 TX exercise or MH exercise Limiters - Published Date: 19890101-20100631

Search modes - Find all my search terms Interface - EBSCOhost

Search Screen - Advanced Search

Database - SPORTDiscus with Full Text Display

APPENDIX B

Included and Excluded BMD Studies

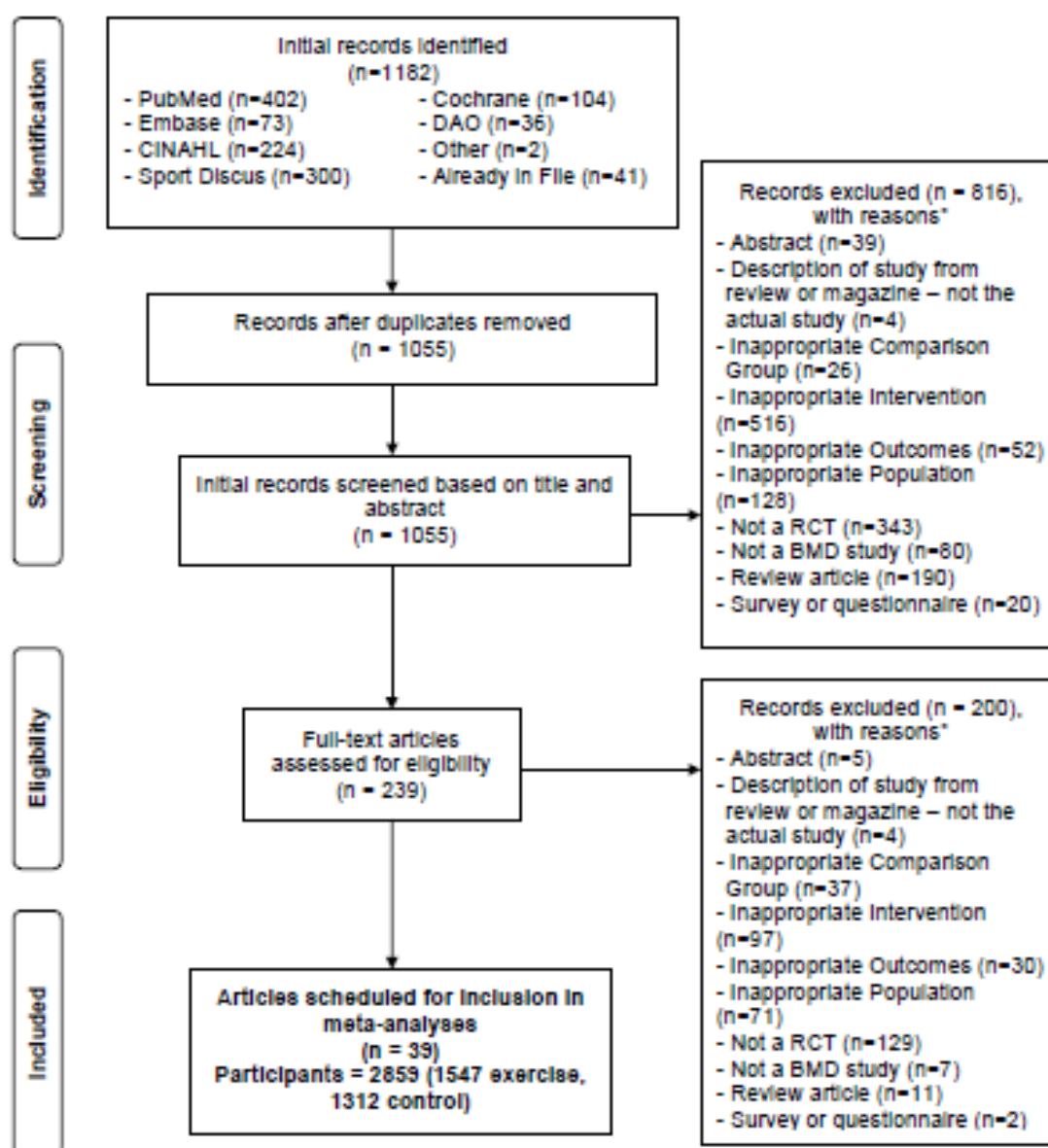


Figure 1. Flow diagram for selection of articles. *, number of reasons exceeds the number of articles because some articles were excluded for more than one reason.

1. Included Studies (n = 39)

- (1) Bailey CA, Brooke-Wavell K. Optimum frequency of exercise for bone health: Randomised controlled trial of a high-impact unilateral intervention. *Bone* 2010;46(4):1043-9.
- (2) Bassey EJ, Rothwell MC, Littlewood JJ, Pye DW. Pre- and postmenopausal women have different BMD responses to the same high-impact exercise. *Journal Of Bone And Mineral Research: The Official Journal Of The American Society For Bone And Mineral Research* 1998 December;13(12):1805-13.
- (3) Bergstrom I, Landgren B, Brinck J, Freyschuss B. Physical training preserves BMD in postmenopausal women with forearm fractures and low BMD. *Osteoporosis International: A Journal Established As Result Of Cooperation Between The European Foundation For Osteoporosis And The National Osteoporosis Foundation Of The USA* 2008 February;19(2):177-83.
- (4) Bergstrom I, Freyschuss B, Landgren BM. Physical training and hormone replacement therapy reduce the decrease in BMD in perimenopausal women: a pilot study. *Osteoporosis International* 2005 July 1;16(7):823-8.
- (5) Bocalini DS, Serra AJ, dos Santos L, Murad N, Levy RF. Strength training preserves the bone mineral density of postmenopausal women without hormone replacement therapy. *Journal of Aging & Health* 2009 April;21(3):519-27.
- (6) Brentano MA, Cadore EL, Da Silva EM, Ambrosini AB, Coertjens M, Petkowicz R, Viero I, Krusel LF. Physiological adaptations to strength and circuit training in postmenopausal women with bone loss. *J Strength Cond Res* 2008 November;22(6):1816-25.
- (7) Brooke-Wavell KSF, Jones PRM, Hardman AE. Brisk walking reduces calcaneal bone loss in post-menopausal women. *Clinical Science* 1997;92:75-80.
- (8) Chilibeck PD, Davison KS, Whiting SJ, Suzuki Y, Janzen CL, Peloso P. The effect of strength training combined with bisphosphonate (etidronate) therapy on bone mineral, lean tissue, and fat mass in postmenopausal women. *Canadian Journal Of Physiology And Pharmacology* 2002 October;80(10):941-50.
- (9) Choquette S, Riesco E, Cormier E, Dion T, Aubertin-Leheudre M, Dionne IJ. Effects of soya isoflavones and exercise on body composition and clinical risk factors of cardiovascular diseases in overweight postmenopausal women: a 6-month double-blind controlled trial. *Br J Nutr* 2011 April;105(8):1199-209.
- (10) Englund U, Littbrand H+, Sondell A, Pettersson U, Bucht G. A 1-year combined weight-bearing training program is beneficial for BMD and neuromuscular function in older women. *Osteoporosis International: A Journal Established As Result Of Cooperation Between The European Foundation For Osteoporosis And The National Osteoporosis Foundation Of The USA* 2005 September;16(9):1117-23.

- (11) Friedlander AL, Genant HK, Sadowsky S, Byl NN, Gluer CC. A two-year program of aerobics and weight training enhances BMD of young women. *J Bone Miner Res* 1995 April;10(4):574-85.
- (12) Going S, Lohman T, Houtkooper L, Metcalfe L, Flint-Wagner H, Blew R, Stanford V, Cussler E, Martin J, Teixeira P, Harris M, Milliken L, Figueroa-Galvez A, Weber J. Effects of exercise on BMD in calcium-replete postmenopausal women with and without hormone replacement therapy. *Osteoporosis International: A Journal Established As Result Of Cooperation Between The European Foundation For Osteoporosis And The National Osteoporosis Foundation Of The USA* 2003 August;14(8):637-43.
- (13) Grove KA, Londeree BR. Bone density in postmenopausal women: high impact vs low impact exercise. *Medicine and Science in Sports and Exercise* 1992 November;24(11):1190-4.
- (14) Heinonen A, Kanus P, Sievanen H, Oja P, Pasanen M, Rinne M, Uusi-Rasi K, Vuori I. Randomised control trial of effect of high-impact exercise on selected risk factors for osteoporotic fractures. *Lancet* 1996;348:1343-7.
- (15) Heinonen A, Oja P, Sievänen H, Pasanen M, Vuori I. Effect of two training regimens on BMD in healthy perimenopausal women: a randomized controlled trial. *Journal of bone and mineral research : the official journal of the American Society for Bone and Mineral Research* 1998;13:483-90.
- (16) Hong WL. Tai Chi and resistance training exercise: Would these really improve the health of the elderly? *DAI* 2004;65(10B):5065.
- (17) Iwamoto J, Takeda T, Ichimura S. Effect of exercise training and detraining on BMD in postmenopausal women with osteoporosis. *Journal Of Orthopaedic Science: Official Journal Of The Japanese Orthopaedic Association* 2001;6(2):128-32.
- (18) Jessup JV, Horne C, Vishen RK, Wheeler D. Effects of exercise on bone density, balance, and self-efficacy in older women. *Biological Research For Nursing* 2003;4(3):171-80.
- (19) Kemmler W, von Stengel S, Engelke K, Hübnerle L, Kalender WA. Exercise effects on BMD, falls, coronary risk factors, and health care costs in older women: the randomized controlled senior fitness and prevention (SEFIP) study. *Archives Of Internal Medicine* 2010 January 25;170(2):179-85.
- (20) Kerr D, Morton A, Dick I, Prince R. Exercise effects on bone mass in postmenopausal women are site-specific and load-dependent. *Journal Of Bone And Mineral Research: The Official Journal Of The American Society For Bone And Mineral Research* 1996 February;11(2):218-25.
- (21) Kerr D, Ackland T, Maslen B, Morton A, Prince R. Resistance training over 2 years increases bone mass in calcium-replete postmenopausal women. *Journal Of Bone And*

Mineral Research: The Official Journal Of The American Society For Bone And Mineral Research 2001 January;16(1):175-81.

- (22) Kukuljan S, Nowson CA, Sanders KM, Nicholson GC, Seibel MJ, Salmon J, Daly RM. Independent and combined effects of calcium-vitamin D3 and exercise on bone structure and strength in older men: an 18-month factorial design randomized controlled trial. *J Clin Endocrinol Metab* 2011 April;96(4):955-63.
- (23) Liang MT, Braun W, Bassin SL, Dutto D, Pontello A, Wong ND, Spalding TW, Arnaud SB. Effect of high-impact aerobics and strength training on BMD in young women aged 20-35 years. *Int J Sports Med* 2011 February;32(2):100-8.
- (24) Liu-Ambrose TYL, Khan KM, Eng JJ, Heinonen A, McKay HA. Both resistance and agility training increase cortical bone density in 75- to 85-year-old women with low bone mass: a 6-month randomized controlled trial. *Journal Of Clinical Densitometry: The Official Journal Of The International Society For Clinical Densitometry* 2004;7(4):390-8.
- (25) Lohman T, Going S, Pamenter R, Hall M, Boyden T, Houtkooper L, Ritenbaugh C, Bare L, Hill A, Aickin M. Effects of resistance training on regional and total BMD in premenopausal women: a randomized prospective study. *Journal Of Bone And Mineral Research: The Official Journal Of The American Society For Bone And Mineral Research* 1995 July;10(7):1015-24.
- (26) Marques EA, Wanderley F, Machado L, Sousa F, Viana JL, Moreira-Goncalves D, Moreira P, Mota J, Carvalho J. Effects of resistance and aerobic exercise on physical function, BMD, OPG and RANKL in older women. *Exp Gerontol* 2011 July;46(7):524-32.
- (27) Marques EA, Mota J, Machado L, Sousa F, Coelho M, Moreira P, Carvalho J. Multicomponent training program with weight-bearing exercises elicits favorable bone density, muscle strength, and balance adaptations in older women. *Calcif Tissue Int* 2011 February;88(2):117-29.
- (28) Martin D, Notelovitz M. Effects of aerobic training on BMD of postmenopausal women. *Journal of Bone and Mineral Research* 1993;8:931-6.
- (29) Nelson ME, Fiatarone MA, Morganti CM, Trice I, Greenberg RA, Evans WJ. Effects of high-intensity strength training on multiple risk factors for osteoporotic fractures. A randomized controlled trial. *JAMA: The Journal Of The American Medical Association* 1994 December 28;272(24):1909-14.
- (30) Newstead A, Smith KI, Bruder J, Keller C. The effect of a jumping exercise intervention on BMD in postmenopausal women. *Journal of Geriatric Physical Therapy* 2004 July;27(2):47-52.
- (31) Prince R, Devine A, Dick I, Criddle A, Kerr D, Kent N, Price R, Randell A. The effects of calcium supplementation (milk powder or tablets) and exercise on bone density in

- postmenopausal women. *Journal Of Bone And Mineral Research: The Official Journal Of The American Society For Bone And Mineral Research* 1995 July;10(7):1068-75.
- (32) Rhodes EC, Martin AD, Taunton JE, Donnelly M, Warren J, Elliot J. Effects of one year of resistance training on the relation between muscular strength and bone density in elderly women. *British Journal of Sports Medicine* 2000 February;34(1):18-22.
 - (33) Villareal DT, Steger-May K, Schechtman KB, Yarasheski KE, Brown M, Sinacore DR, Binder EF. Effects of exercise training on BMD in frail older women and men: a randomised controlled trial. *Age & Ageing* 2004 May;33(3):309-12.
 - (34) Villareal DT, Chode S, Parimi N, Sinacore DR, Hilton T, Armamento-Villareal R, Napoli N, Qualls C, Shah K. Weight loss, exercise, or both and physical function in obese older adults. *N Engl J Med* 2011 March 31;364(13):1218-29.
 - (35) Warren M, Petit MA, Hannan PJ, Schmitz KH. Strength training effects on bone mineral content and density in premenopausal women. *Medicine & Science in Sports & Exercise* 2008 July;40(7):1282-8.
 - (36) Weaver CM, Teegarden D, Lyle RM, McCabe GP, McCabe LD, Proulx W, Kern M, Sedlock D, Anderson DD, Hillberry BM, Peacock M, Johnston CC. Impact of exercise on bone health and contraindication of oral contraceptive use in young women. *Medicine and Science in Sports and Exercise* 2001 June;33(6):873-80.
 - (37) Westby MD, Wade JP, Rangno KK, Berkowitz J. A randomized controlled trial to evaluate the effectiveness of an exercise program in women with rheumatoid arthritis taking low dose prednisone. *Journal of Rheumatology* 2000 July;27(7):1674-80.
 - (38) Wu J, Oka J, Higuchi M, Tabata I, Toda T, Fujioka M, Fuku N, Teramoto T, Okuhira T, Ueno T, Uchiyama S, Urata K, Yamada K, Ishimi Y. Cooperative effects of isoflavones and exercise on bone and lipid metabolism in postmenopausal Japanese women: a randomized placebo-controlled trial. *Metabolism: Clinical And Experimental* 2006 April;55(4):423-33.
 - (39) Zeilman CJ, III. Inflammatory bowel disease, osteoporosis, exercise, and BMD University of Florida; 2007.

2. Excluded Studies, with Reasons (n =1016)

- (1) Clinical practice guidelines for the diagnosis and management of osteoporosis. Scientific Advisory Board, Osteoporosis Society of Canada. *CMAJ: Canadian Medical Association Journal = Journal De L'association Medicale Canadienne* 1996 October 15;155(8):1113-33. Review article
- (2) Research update. Exercise increases bone marrow density. *Australian Nursing Journal* 1997 February;4(7):30. Description of study from review or magazine or etc. (not the actual study)

- (3) Abstracts of the 4th Scandinavian Congress on Medicine and Science in Sports. Scandinavian Journal Of Medicine & Science In Sports 1998 October;8(5):309-92. Abstract
- (4) Musculoskeletal health and the older adult. Journal of Rehabilitation Research & Development 2000 March;37(2):245. Review article
- (5) Osteoporosis and bone functional adaptation: Mechanobiological regulation of bone architecture in growing and adult bone, a review. Journal of Rehabilitation Research & Development 2000 March;37(2):189. Review article
- (6) Current literature. Journal of Human Nutrition & Dietetics 2001 December;14(6):491-504. Abstract
- (7) JAPA Digest. Journal of Aging & Physical Activity 2001 July;9(3):338-43. Abstract
- (8) Current literature. Journal of Human Nutrition & Dietetics 2002 October;15(5):399-415. Abstract
- (9) Posters. Acta Orthopaedica Scandinavica 2002 August 2;73:36-63. Abstract
- (10) ABSTRACTS. Journal of Orthopaedic & Sports Physical Therapy 2003 October;33(10):622-7. Abstract
- (11) Current literature. Journal of Human Nutrition & Dietetics 2003 April;16(2):127-36. Abstract
- (12) Worldwide literature review. Aging Male 2003 December;6(4):275-83. Abstract
- (13) Current literature. Journal of Human Nutrition & Dietetics 2004 April;17(2):167-80. Abstract
- (14) Executive Summary: Conference on Dietary Supplement Use in the Elderly -- Proceedings of the Conference Held January 14--15, 2003, Natcher Auditorium, National Institutes of Health, Bethesda, MD. Nutrition Reviews 2004 April;62(4):160-75. Not a BMD and/or ground reaction force topic
- (15) Abstracts for the International Society for Aging and Physical Activity's 6th World Congress on Aging and Physical Activity: From Research to Action for an Aging Society London, Ontario, Canada, August 3-7, 2004. Journal of Aging & Physical Activity 2004 July;12(3):246-460. Abstract
- (16) ABSTRACTS. Journal of Orthopaedic & Sports Physical Therapy 2004 November;34(11):734-9. Abstract
- (17) SportsMedUpdate. (Abstract). British Journal of Sports Medicine 2004 August;38(4):508-10. Abstract

- (18) Time-Table. Isokinetics & Exercise Science 2004 March;12(1):1-8. Not a BMD and/or ground reaction force topic
- (19) Influence of Milk Intake on Bone Density During Resistance Training. (Abstract). Pediatric Exercise Science 2004 August;16(3):290-1. Abstract, Study limited to children and/or adolescents
- (20) Poster Abstracts. Isokinetics & Exercise Science 2004 March;12(1):41-89. Abstract
- (21) Oral Presentations. Hormone Research 2005 September 2;64:16-44. Abstract
- (22) Posters Presentations: P1-318-P1-505. Hormone Research 2005 September 2;64:96-148. Abstract
- (23) Research Digest. Pediatric Exercise Science 2005 May;17(2):201. Description of study from review or magazine or etc. (not the actual study), Study limited to children and/or adolescents
- (24) Current literature. Journal of Human Nutrition & Dietetics 2005 February;18(1):67-79. Abstract
- (25) Abstracts. Aging Male 2005 March;8(1):1-30. Abstract
- (26) 3rd Meeting of the Asia Pacific Society for the Study on Aging Male (APSSAM). Aging Male 2005 June;8(2):97-129. Abstract
- (27) SportsMedUpdate. British Journal of Sports Medicine 2005 October;39(10):783-4. Abstract
- (28) SportsMedUpdate. (Abstract). British Journal of Sports Medicine 2005 February;39(2):118-9. Abstract
- (29) Symposia. Hormone Research 2005 September 2;64:4-15. Abstract, Study limited to children and/or adolescents
- (30) Adaptive Skeletal Responses to Mechanical Loading during Adolescence. Sports Medicine 2006 July;36(9):723-32. Study limited to children and/or adolescents
- (31) What Does the Animal Model Teach Us About the Effects of Physical Activity on Growing Bone? Pediatric Exercise Science 2006 August;18(3):282-9. Animal study, Study limited to children and/or adolescents
- (32) Tracking computer-based error reports improves patient safety. O&P Business News 2006 August 8;15(15):62-3. Not a BMD and/or ground reaction force topic
- (33) Current literature. Journal of Human Nutrition & Dietetics 2006 April;19(2):164-76. Abstract

- (34) Proceedings of the 2(nd) International Symposia on Lifestyle-related Disease Perspective for Primary Prevention and Treatment in Animal Models and Humans, 21--22 October 2006, Nishinomiya, Japan. *Clinical & Experimental Pharmacology & Physiology* 2007 November 2;34:S1-S97. Abstract
- (35) Speaker abstracts. *Aging Male* 2007 March;10(1):31-51. Abstract
- (36) Selected abstracts from the British Dietetic Association Conference 2007. *Journal of Human Nutrition & Dietetics* 2007 August;20(4):362-87. Abstract
- (37) Abstracts. *Nutrition & Dietetics* 2007 March 2;64:S1-S48. Abstract
- (38) In brief. *Active Living* 2007 May;16(3):16. Abstract, Study limited to children and/or adolescents
- (39) Current Literature. *Journal of Human Nutrition & Dietetics* 2007 December;20(6):615-31. Abstract
- (40) Abstracts. *American Journal of Health Promotion* 2007 January;21(3):208-13. Abstract
- (41) Current literature. *Journal of Human Nutrition & Dietetics* 2008 December;21(6):601-8. Abstract
- (42) Abstracts of the Canadian Society for Clinical Nutrition's 7th Annual Scientific Meeting: The Road to Excellence in Canadian Nutrition. *Applied Physiology, Nutrition & Metabolism* 2008 June;33(3):603-40. Abstract
- (43) 2008 CSEP Annual Scientific Conference. *Applied Physiology, Nutrition & Metabolism* 2008 August 2;33:S1-S113. Abstract
- (44) Oral Presentations. *Journal of Aging & Physical Activity* 2008 July 2;16:S8-S19. Abstract
- (45) Symposium. *Journal of Aging & Physical Activity* 2008 July 2;16:S6-S7. Abstract
- (46) Proceedings of SRR. *Clinical Rehabilitation* 2008 September;22(9):856-63. Abstract
- (47) Poster Presentations. *Journal of Aging & Physical Activity* 2008 July 2;16:S20-S61. Abstract
- (48) Current literature. *Journal of Human Nutrition & Dietetics* 2009 June;22(3):276-86. Abstract
- (49) Part A: Executive Summary. *Nutrition Reviews* 2009 February;67(2):114-20. Review article
- (50) RESOURCES & IDEAS. *Active Living: Newsletters* 2010 January;9. Not a BMD and/or ground reaction force topic

- (51) Bone fractures after menopause. Hum Reprod Update 2010 November;16(6):761-73. Review article
- (52) Abood DA, Black DR, Birnbaum RD. Nutrition education intervention for college female athletes. Journal of Nutrition Education & Behavior 2004 May;36(3):135-9. Educational intervention
- (53) Adami S, Gatti D, Braga V, Bianchini D, Rossini M. Site-specific effects of strength training on bone structure and geometry of ultradistal radius in postmenopausal women. Journal Of Bone And Mineral Research: The Official Journal Of The American Society For Bone And Mineral Research 1999 January;14(1):120-4. Not a randomized controlled trial (RCT), No BMD data
- (54) Adams A, MacDermott EJ, Lehman TJ. Pharmacotherapy of Lupus Nephritis in Children: A Recommended Treatment Approach. Drugs 2006 May;66(9):1191-207. Not a BMD and/or ground reaction force topic, Study limited to children and/or adolescents
- (55) Adie JW, Duda JL, Ntoumanis N. FREE COMMUNICATIONS. Journal of Sport & Exercise Psychology 2006 June 2;S23-S198. Abstract
- (56) Aguilera-Barreiro MdIA, Guerrero-Mercado AdS, Mendez-Jimenez TE, Milian-Suazo F. [Effect of dietary calcium vs calcium citrate on conventional biochemical markers in perimenopausal women]. Salud P+blica De M+xico 2005 July;47(4):259-67. Not a BMD and/or ground reaction force topic
- (57) Ahn S, Song R. BMD and perceived menopausal symptoms: factors influencing low back pain in postmenopausal women. Journal of Advanced Nursing 2009 June;65(6):1228-36. Cross-sectional study
- (58) Ahola R, Korpelainen R, Vainionpaa A, Leppaluoto J, Jamsa T. Time-course of exercise and its association with 12-month bone changes. BMC Musculoskeletal Disorders 2009;10:138. Not a randomized controlled trial (RCT)
- (59) Ailinger RL, Braun MA, Lasus H, Whitt K. Factors influencing osteoporosis knowledge: a community study. Journal of Community Health Nursing 2005 September;22(3):135-42. Survey or questionnaire
- (60) Albertazzi P, Steel SA, Bottazzi M. Effect of intermittent compression therapy on BMD in women with low bone mass. Bone 2005 November;37(5):662-8. Inappropriate Intervention, No control group (NC)
- (61) Alcaraz PE, Perez-Gomez J, Chavarrias M, Blazeovich AJ. Similarity in Adaptations to High-Resistance Circuit vs. Traditional Strength Training in Resistance-Trained Men. J Strength Cond Res 2011 June 8. Subjects were active, NOT sedentary
- (62) Alentorn-Geli E, Padilla J, Moras G, Haro CL, Fernandez-Solá J. Six weeks of whole-body vibration exercise improves pain and fatigue in women with fibromyalgia. Journal

of Alternative & Complementary Medicine 2008 October;14(8):975-81. Inappropriate Intervention, Study less than 6 months

- (63) Alentorn-Geli E, Moras G, Padilla J, Fernandez-Solá J, Bennett RM, Lazaro-Haro C, Pons S. Effect of acute and chronic whole-body vibration exercise on serum insulin-like growth factor-1 levels in women with fibromyalgia. *Journal of Alternative & Complementary Medicine* 2009 May;15(5):573-8. Inappropriate Intervention, Study less than 6 months
- (64) Ali N, Siktberg L. Osteoporosis prevention in female adolescents: calcium intake and exercise participation. *Pediatric Nursing* 2001 March;27(2):132. Study limited to children and/or adolescents, Survey or questionnaire
- (65) Almqvist E. Early parathyroidectomy in mild primary hyperparathyroidism: Effects on heart and bones. *DAI* 2006;68(01C):143. Inappropriate Intervention, Surgical or Medical Intervention (not exercise)
- (66) Anderson FM. Effect of exercise on BMD of the forearm in premenarcheal girls. *DAI* 1999;61(01B):223. Study limited to children and/or adolescents
- (67) Anderson JJB, Chen X, Boass A, Symons M, Kohlmeier M, Renner JB, Garner SC. Soy isoflavones: no effects on bone mineral content and BMD in healthy, menstruating young adult women after one year. *Journal Of The American College Of Nutrition* 2002 October;21(5):388-93. Inappropriate Intervention, Diet Intervention or Supplement Study
- (68) Andrist LC. The impact of media attention, family history, politics and maturation on women's decisions regarding hormone replacement therapy. *Health Care for Women International* 1998 May;19(3):243-60. Inappropriate Intervention, Not a randomized controlled trial (RCT)
- (69) Aparicio VA, Nebot E, Porres JM, Ortega FB, Heredia JM, Lopez-Jurado M, Ramirez PA. Effects of high-whey-protein intake and resistance training on renal, bone and metabolic parameters in rats. *Br J Nutr* 2011 March;105(6):836-45. Animal study
- (70) Araujo AB, Travison TG, Bhasin S, Esche GR, Williams RE, Clark RV, McKinlay JB. Association between testosterone and estradiol and age-related decline in physical function in a diverse sample of men. *Journal of the American Geriatrics Society* 2008 November;56(11):2000-8. Inappropriate Intervention, Cross-sectional study
- (71) Archibeck MJ. what's new in adult reconstructive knee surgery. *Journal of Bone & Joint Surgery, American Volume* 2001 September;83(9):1444-50. Review article
- (72) Archibeck MJ, White J. what's new in adult reconstructive knee surgery. *Journal of Bone & Joint Surgery, American Volume* 2006 July;88(7):1677-86. Review article
- (73) Aree-Ue S, Pothiban L, Belza B. Join the Movement to Have Healthy Bone Project (JHBP): changing behavior among older women in Thailand. *Health Care for Women*

International 2005 September;26(8):748-60. Inappropriate Intervention, Educational intervention

- (74) Arens U, Barasi M, Belton L, Burley V, Bussell G, Hood S, McLean L, Watling R, Gatenby S. Current literature. *Journal of Human Nutrition & Dietetics* 2003 June;16(3):201-13. Abstract
- (75) Arnold CM, Sran MM, Harrison EL. Exercise for fall risk reduction in community-dwelling older adults: a systematic review. *Physiotherapy Canada* 2008 October;60(4):358-72. Review article
- (76) Arnold CM, Busch AJ, Schachter CL, Harrison EL, Olszynski WP. A randomized clinical trial of aquatic versus land exercise to improve balance, function, and quality of life in older women with osteoporosis. *Physiotherapy Canada* 2008 October;60(4):296-306. Inappropriate Outcomes, No BMD data
- (77) Aronis KN, Kilim H, Chamberland JP, Breggia A, Rosen C, Mantzoros CS. Preadipocyte Factor-1 Levels Are Higher in Women with Hypothalamic Amenorrhea and Are Associated with Bone Mineral Content and BMD through a Mechanism Independent of Leptin. *J Clin Endocrinol Metab* 2011 July 27. Drug intervention study
- (78) Asikainen T, Kukkonen-Harjula K, Miilunpalo S. Exercise for health for early postmenopausal women: a systematic review of randomised controlled trials. *Sports Medicine* 2004 August;34(11):753-78. Review article
- (79) Asikainen TM, Suni JH, Pasanen ME, Oja P, Rinne MB, Miilunpalo SI, Nygard C, Vuori IM. Effect of brisk walking in 1 or 2 daily bouts and moderate resistance training on lower-extremity muscle strength, balance, and walking performance in women who recently went through menopause: a randomized, controlled trial. *Physical Therapy* 2006 July;86(7):912-23. Inappropriate Intervention, Study less than 6 months
- (80) Asp NG. Novel aspects of fatty acids: nutrition and biological functionsThe Swedish Nutrition Foundation's 24th International Symposium, Ystad, Sweden, 14-16 June 2006, Nafa 2006. *Scandinavian Journal of Food & Nutrition* 2006 December;50(4):180-8. Abstract
- (81) Augestad LB, Schei B, Forsmo S, Langhammer A, Flanders WD. The association between physical activity and forearm BMD in healthy premenopausal women. *Journal of Women's Health* (15409996) 2004 April;13(3):301-13. Survey or questionnaire
- (82) Auld G, Boushey CJ, Bock MA, Bruhn C, Gabel K, Gustafson D, Holmes B, Misner S, Novotny R, Peck L, Pelican S, Pond-Smith D, Read M. Perspectives on Intake of Calcium-Rich Foods Among Asian, Hispanic, and White Preasolecent and Adolescent Females. *Journal of Nutrition Education & Behavior* 2002 September;34(5):242. Study limited to children and/or adolescents
- (83) Avdagic SC, Baric IC, Keser I, Cecic I, Satalic Z, Bobic J, Gomzi M. differences in peak bone density between male and female students. *Archives of Industrial Hygiene &*

Toxicology / Arhiv za Higijenu Rada I Toksikologiju 2009 March;60(1):79-86.
Inappropriate Intervention, Cross-sectional study

- (84) Bagrichevsky M, Martins-Filho J, Guerra-Junior G. Bone density gain at proximal phalanges in healthy males aged 18-25 years after 16 weeks of upper-arm muscle weight training. *Journal of Sports Medicine & Physical Fitness* 2007 December;47(4):437-42. Inappropriate Intervention, Study less than 6 months
- (85) Ballard JE, Wallace LS, Holiday DB, Herron C, Harrington LL, Mobbs KC, Cussen P. Evaluation of differences in bone-mineral density in 51 men age 65-93 years: a cross-sectional study. *Journal of Aging & Physical Activity* 2003 October;11(4):470-786. Inappropriate Intervention, Cross-sectional study
- (86) Ballard TL, Clapper JA, Specker BL, Binkley TL, Vukovich MD. Effect of protein supplementation during a 6-mo strength and conditioning program on insulin-like growth factor I and markers of bone turnover in young adults. *The American Journal Of Clinical Nutrition* 2005 June;81(6):1442-8. Inappropriate Intervention, Diet Intervention or Supplement Study
- (87) Bandinelli S, Lauretani F, Boscherini V, Gandi F, Pozzi M, Corsi AM, Bartali B, Molino Lova R, Guralnik JM, Ferrucci L. A randomized, controlled trial of disability prevention in frail older patients screened in primary care: the FRASI Study. Design and baseline evaluation. *Aging Clinical & Experimental Research* 2006 October;18(5):359-66. Description of study from review or magazine or etc. (not the actual study)
- (88) Barbosa TM, Marinho DA, Reis VM, Silva AJ, Bragada JA. Physiological assessment of head-out aquatic exercises in healthy subjects: A qualitative review. *Journal of Sports Science & Medicine* 2009 June;8(2):179-89. Review article
- (89) Barry DW, Hansen KC, Van Pelt RE, Witten M, Wolfe P, Kohrt WM. Acute calcium ingestion attenuates exercise-induced disruption of calcium homeostasis. *Med Sci Sports Exerc* 2011 April;43(4):617-23. Acute study
- (90) Barry DW, Kohrt WM. BMD decreases over the course of a year in competitive male cyclists. *Journal Of Bone And Mineral Research: The Official Journal Of The American Society For Bone And Mineral Research* 2008 April;23(4):484-91. Diet Intervention or Supplement Study, No control group (NC)
- (91) Bass SL. The prepubertal years: a uniquely opportune stage of growth when the skeleton is most responsive to exercise. / Les annees prepubertaires: une etape unique de croissance au moment ou le squelette est le plus reactif a l'exercice ? *Sports Medicine* 2000 August;30(2):73-8. Study limited to children and/or adolescents, Review article
- (92) Bass SL, Naughton G, Saxon L, Iuliano BS, Daly R, Briganti EM, Hume C, Nowson C. Exercise and calcium combined results in a greater osteogenic effect than either factor alone: a blinded randomized placebo-controlled trial in boys. *Journal of bone and*

mineral research : the official journal of the American Society for Bone and Mineral Research 2007;22:458-64. Study limited to children and/or adolescents

- (93) Bassey EJ, Ramsdale SJ. Increase in femoral bone density in young women following high-impact exercise. *Osteoporosis International: A Journal Established As Result Of Cooperation Between The European Foundation For Osteoporosis And The National Osteoporosis Foundation Of The USA* 1994 March;4(2):72-5. No non-intervention control group, Both groups exercised
- (94) Bassey EJ, Ramsdale SJ. Weight-bearing exercise and ground reaction forces: a 12-month randomized controlled trial of effects on BMD in healthy postmenopausal women. *Bone* 1995 April;16(4):469-76. No non-intervention control group, Both groups exercised
- (95) Bassey EJ, Littlewood JJ, Rothwell MC, Pye DW. Lack of effect of supplementation with essential fatty acids on BMD in healthy pre- and postmenopausal women: two randomized controlled trials of EFACAL v. calcium alone. *British Journal of Nutrition* 2000 June;83(6):629-35. Inappropriate Intervention, Diet Intervention or Supplement Study
- (96) Basu A, Imrhan V. Vitamin E and Prostate Cancer: Is Vitamin E Succinate a Superior Chemopreventive Agent? *Nutrition Reviews* 2005 July;63(7):247-55. Inappropriate Intervention, Not a BMD and/or ground reaction force topic
- (97) Baum HB, Biller BM, Finkelstein JS, Cannistraro KB, Oppenheim DS, Schoenfeld DA, Michel TH, Wittink H, Klibanski A. Effects of physiologic growth hormone therapy on bone density and body composition in patients with adult-onset growth hormone deficiency. A randomized, placebo-controlled trial. *Annals Of Internal Medicine* 1996 December 1;125(11):883-90. Inappropriate Intervention, Diet Intervention or Supplement Study
- (98) Baur A, Henkel J, Bloch W, Treiber N, Scharffetter-Kochanek K, Bruggemann GP, Niehoff A. Effect of exercise on bone and articular cartilage in heterozygous manganese superoxide dismutase (SOD2) deficient mice. *Free Radic Res* 2011 May;45(5):550-8. Animal study
- (99) Beaudreuil J. [Nonpharmacological treatments for osteoporosis]. *Annales De Readaptation Et De Medecine Physique: Revue Scientifique De La Societe Francaise De Reducation Fonctionnelle De Readaptation Et De Medecine Physique* 2006 November;49(8):581-8. Review article
- (100) Bebenek M, Kemmler W, von SS, Engelke K, Kalender WA. Effect of exercise and *Cimicifuga racemosa* (CR BNO 1055) on BMD, 10-year coronary heart disease risk, and menopausal complaints: the randomized controlled Training and *Cimicifuga racemosa* Erlangen (TRACE) study. *Menopause* 2010 July;17(4):791-800. No non-intervention control group

- (101) Beck BR, Norling TL. The effect of 8 mos of twice-weekly low- or higher intensity whole body vibration on risk factors for postmenopausal hip fracture. *Am J Phys Med Rehabil* 2010 December;89(12):997-1009. Electrical Stimulation or Whole Body Vibration
- (102) Beck BR, Kent K, Holloway L, Marcus R. Novel, high-frequency, low-strain mechanical loading for premenopausal women with low bone mass: early findings. *Journal Of Bone And Mineral Metabolism* 2006;24(6):505-7. Inappropriate Intervention, No control group (NC)
- (103) Becker C, Rapp K. Fall prevention in nursing homes. *Clin Geriatr Med* 2010 November;26(4):693-704. Review article
- (104) Begot L, Collombet JM, Renault S, Butigieg X, Andre C, Zerath E, Holy X. Effects of high-phosphorus and/or low-calcium diets on bone tissue in trained male rats. *Med Sci Sports Exerc* 2011 January;43(1):54-63. Animal study
- (105) Behm DG, Faigenbaum AD, Falk B, Klentrou P. Canadian Society for Exercise Physiology position paper: resistance training in children and adolescents. *Applied Physiology, Nutrition & Metabolism* 2008 June;33(3):547-61. Study limited to children and/or adolescents, Review article
- (106) Beitz R, Doren M. Physical activity and postmenopausal health. *The Journal Of The British Menopause Society* 2004 June;10(2):70-4. Review article
- (107) Belavy DL, Armbrecht G, Gast U, Richardson CA, Hides JA, Felsenberg D. Countermeasures against lumbar spine deconditioning in prolonged bed rest: resistive exercise with and without whole body vibration. *J Appl Physiol* 2010 December;109(6):1801-11. Study less than 6 months
- (108) Belavy DL, Bock O, Borst H, Armbrecht G, Gast U, Degner C, Beller G, Soll H, Salanova M, Habazettl H, Heer M, de HA, Stegeman DF, Cerretelli P, Blottner D, Rittweger J, Gelfi C, Kornak U, Felsenberg D. The 2nd Berlin BedRest Study: protocol and implementation. *J Musculoskelet Neuronal Interact* 2010 September;10(3):207-19. Study less than 6 months
- (109) Belavy DL, Seibel MJ, Roth HJ, Armbrecht G, Rittweger J, Felsenberg D. The effects of bed rest and counter measure exercise on the endocrine system in male adults - evidence for immobilization induced reduction in SHBG levels. *J Endocrinol Invest* 2011 March 21. Study less than 6 months
- (110) Belavy DL, Miokovic T, Rittweger J, Felsenberg D. Estimation of changes in volume of individual lower-limb muscles using magnetic resonance imaging (during bed-rest). *Physiol Meas* 2011 January;32(1):35-50. Study less than 6 months
- (111) Bellati U, Liberati M. [Experience regarding the use of arginine-lysine-lactose treatment in menopausal osteoporosis]. *Minerva Medica* 1994 June;85(6):327-32. Inappropriate Intervention, Diet Intervention or Supplement Study

- (112) Bemben DA, Fethers NL, Bemben MG, Nabavi N, Koh ET. Musculoskeletal responses to high- and low-intensity resistance training in early postmenopausal women. *Medicine and Science in Sports and Exercise* 2000 November;32(11):1949-57. No info on whether subjects were sedentary or active
- (113) Ben M, Harvey L, Denis S, Glinsky J, Goehl G, Chee S, Herbert RD. Does 12 weeks of regular standing prevent loss of ankle mobility and BMD in people with recent spinal cord injuries? *Australian Journal of Physiotherapy* 2005 December;51(4):251-6. Inappropriate Intervention, Study less than 6 months
- (114) Bendavid EJ, Shan J, Barrett-Connor E. Factors associated with BMD in middle-aged men. *Journal Of Bone And Mineral Research: The Official Journal Of The American Society For Bone And Mineral Research* 1996 August;11(8):1185-90. Cross-sectional study
- (115) Bennell KL, Bowles KA, Wang Y, Cicuttini F, Davies-Tuck M, Hinman RS. Higher dynamic medial knee load predicts greater cartilage loss over 12 months in medial knee osteoarthritis. *Ann Rheum Dis* 2011 July 7. Not a BMD and/or ground reaction force topic
- (116) Bennell KL, Bowles KA, Payne C, Cicuttini F, Williamson E, Forbes A, Hanna F, Davies-Tuck M, Harris A, Hinman RS. Lateral wedge insoles for medial knee osteoarthritis: 12 month randomised controlled trial. *BMJ* 2011;342:d2912. Not a BMD and/or ground reaction force topic
- (117) Berenson AB, Radecki CM, Grady JJ, Rickert VI, Thomas A. A prospective, controlled study of the effects of hormonal contraception on BMD. *Obstetrics And Gynecology* 2001 October;98(4):576-82. Drug intervention study
- (118) Berenson AB, Breitkopf CR, Grady JJ, Rickert VI, Thomas A. Effects of hormonal contraception on BMD after 24 months of use. *Obstetrics And Gynecology* 2004 May;103(5 Pt 1):899-906. Inappropriate Intervention, Study less than 6 months
- (119) Berg HE, Eiken O, Miklavcic L, Mekjavic IB. Hip, thigh and calf muscle atrophy and bone loss after 5-week bedrest inactivity. *European Journal Of Applied Physiology* 2007 February;99(3):283-9. Inappropriate Intervention, Study less than 6 months
- (120) Bergstrom I, Parini P, Gustafsson SA, Andersson G, Brinck J. Physical training increases osteoprotegerin in postmenopausal women. *J Bone Miner Metab* 2011 August 9. Same subjects as another study already included
- (121) Bergstrom I, Freyschuss B, Jacobsson H, Landgren BM. The effect of physical training on BMD in women with endometriosis treated with GnRH analogs: a pilot study. *Acta Obstetricia Et Gynecologica Scandinavica* 2005 April;84(4):380-3. Drug intervention study

- (122) Bergstrom I, Brinck J, Saaf M. Effects of physical training on BMD in fertile women with idiopathic osteoporosis. *Clinical Rheumatology* 2008 August;27(8):1035-8. No control group (NC)
- (123) Bergstrom I, Lombardo C, Brinck J. Physical training decreases waist circumference in postmenopausal borderline overweight women. *Acta Obstetricia Et Gynecologica Scandinavica* 2009;88(3):308-13. Inappropriate Outcomes, No BMD data
- (124) Berkoff DJ, Cairns CB, Sanchez LD, Moorman III CT. Heart rate variability in elite american track-and-field athletes. *Journal of Strength & Conditioning Research* (Allen Press Publishing Services Inc) 2007 February;21(1):227-31. Inappropriate Outcomes, No BMD data
- (125) Biddle SJH, Gorely T, Stensel DJ. Health-enhancing physical activity and sedentary behaviour in children and adolescents. *Journal Of Sports Sciences* 2004 August;22(8):679-701. Study limited to children and/or adolescents
- (126) Bilger M, Speraw S, LaFranchi SH, Hanna CE. Androgen replacement in adolescents and young women with hypopituitarism. *Journal Of Pediatric Endocrinology & Metabolism: JPEM* 2005 April;18(4):355-62. Study limited to children and/or adolescents
- (127) Binder EF, Brown M, Sinacore DR, Steger-May K, Yarasheski KE, Schechtman KB. Effects of extended outpatient rehabilitation after hip fracture: a randomized controlled trial. *JAMA: The Journal Of The American Medical Association* 2004 August 18;292(7):837-46. No BMD data, No non-intervention control group
- (128) Bird ML, Hill K, Ball M, Williams AD. Effects of Resistance- and Flexibility-Exercise Interventions on Balance and Related Measures in Older Adults. *Journal of Aging & Physical Activity* 2009 October;17(4):444-54. Inappropriate Outcomes, No BMD data
- (129) Blake H, Hawley H. Effects of Tai Chi Exercise on Physical and Psychological Health of Older People. *Curr Aging Sci* 2011 July 15. Review article
- (130) Blanchet C, Giguere Y, Prud'homme D, Dumont M, Rousseau F, Dodin S. Association of physical activity and bone: influence of vitamin D receptor genotype. *Medicine and Science in Sports and Exercise* 2002 January;34(1):24-31. Cross-sectional study
- (131) Blick SKA, Dhillon S, Keam SJ. Teriparatide: A Review of its Use in Osteoporosis. *Drugs* 2008 November;68(18):2709-37. Review article
- (132) Bloomfield SA, Mysiw WJ, Jackson RD. Bone mass and endocrine adaptations to training in spinal cord injured individuals. *Bone* 1996 July;19(1):61-8. Inappropriate Comparison Group, No control group (NC)
- (133) Blumenthal JA, Emery CF, Madden DJ, George LK, Coleman RE, Riddle MW, McKee DC, Reasoner J, Williams RS. Cardiovascular and behavioral effects of aerobic

- exercise training in healthy older men and women. *Journal Of Gerontology* 1989 September;44(5):M147-M157. Inappropriate Intervention, Study less than 6 months
- (134) Blumenthal JA, Emery CF, Madden DJ, Schniebolk S, Riddle MW, Cobb FR, Higginbotham M, Coleman RE. Effects of exercise training on bone density in older men and women. *Journal of the American Geriatrics Society* 1991 November;39(11):1065-70. Inappropriate Intervention, Study less than 6 months
 - (135) Boden H, Adolphson P. No adverse effects of early weight bearing after uncemented total hip arthroplasty: a randomized study of 20 patients. *Acta Orthopaedica Scandinavica* 2004 February;75(1):21-9. Inappropriate Intervention, Study less than 6 months
 - (136) Body JJ, Bergmann P, Boonen S, Boutsen Y, Bruyere O, Devogelaer JP, Goemaere S, Hollevoet N, Kaufman JM, Milisen K, Rozenberg S, Reginster JY. Non-pharmacological management of osteoporosis: a consensus of the Belgian Bone Club. *Osteoporos Int* 2011 March 1. Review article
 - (137) Bohl CH, Volpe SL. Magnesium and Exercise. *Critical Reviews in Food Science & Nutrition* 2002 November;42(6):533. Review article
 - (138) Bonofiglio D, Maggiolini M, Marsico S, Giorno A, Catalano S, Aquila S, Ando S. Critical years and stages of puberty for radial bone mass apposition during adolescence. *Hormone And Metabolic Research = Hormon- Und Stoffwechselforschung = Hormones Et Métabolisme* 1999 August;31(8):478-82. Study limited to children and/or adolescents
 - (139) Boon CS, Clydesdale FM. A Review of Childhood and Adolescent Obesity Interventions. *Critical Reviews in Food Science & Nutrition* 2005 October;45(7/8):511-25. Study limited to children and/or adolescents, Review article
 - (140) Boparai V, Rajagopalan J, Triadafilopoulos G. Guide to the Use of Proton Pump Inhibitors in Adult Patients. *Drugs* 2008 April;68(7):925-47. No BMD data
 - (141) Borer KT. Physical Activity in the Prevention and Amelioration of Osteoporosis in Women: Interaction of Mechanical, Hormonal and Dietary Factors. *Sports Medicine* 2005 July;35(9):779-830. Review article
 - (142) Borer KT, Fogleman K, Gross M, La New JM, Dengel D. Walking intensity for postmenopausal bone mineral preservation and accrual. *Bone* 2007 October;41(4):713-21. Inappropriate Intervention, No non-intervention control group
 - (143) Borman NP, Trudelle-Jackson E, Smith SS. Effect of stretch positions on hamstring muscle length, lumbar flexion range of motion, and lumbar curvature in healthy adults. *Physiother Theory Pract* 2011 February;27(2):146-54. Study less than 6 months
 - (144) Borrelli F, Ernst E. Alternative and complementary therapies for the menopause. *Maturitas* 2010 August;66(4):333-43. Review article

- (145) Boshuizen HC, Stemmerik L, Westhoff MH, Hopman-Rock M. The Effects of Physical Therapists' Guidance on Improvement in a Strength-Training Program for the Frail Elderly. *Journal of Aging & Physical Activity* 2005 January;13(1):5. Inappropriate Intervention, Study less than 6 months
- (146) Bosman MJC, Vries A, Bouwer SC, Jerling JC, Badham J, van Aardt AM, Ellis SM. Opinion of South African pre- and post-menopausal women on the potential menopause-related health benefits of soy and soy products. *Health SA Gesondheid* 2008 June;13(2):25-37. Inappropriate Intervention, Survey or questionnaire
- (147) Boutis K, Pecaric M, Seeto B, Pusic M. Using signal detection theory to model changes in serial learning of radiological image interpretation. *Adv Health Sci Educ Theory Pract* 2010 December;15(5):647-58. Not a BMD and/or ground reaction force topic
- (148) Bouxsein ML. Physical activity and bone density. *DAI* 1992;53(09B):4764. Subjects were active, NOT sedentary
- (149) Brach JS, VanSwearingen JM, FitzGerald SJ, Storti KL, Kriska AM. The relationship among physical activity, obesity, and physical function in community-dwelling older women. *Preventive Medicine* 2004 July;39(1):74-80. Inappropriate Intervention, Follow-up Study
- (150) Braith RW, Mills RM, Welsch MA, Keller JW, Pollock ML. Resistance training restores BMD in heart transplant patients. *Journal of the American College of Cardiology* 1996;28:1471-7. Both groups exercised, No non-intervention control group
- (151) Braith RW, Magyari PM, Fulton MN, Aranda J, Walker T, Hill JA. Resistance exercise training and alendronate reverse glucocorticoid-induced osteoporosis in heart transplant recipients. *The Journal Of Heart And Lung Transplantation: The Official Publication Of The International Society For Heart Transplantation* 2003 October;22(10):1082-90. Drug intervention study
- (152) Braith RW, Magyari PM, Fulton MN, Lisor CF, Vogel SE, Hill JA, Aranda JM, Jr. Comparison of calcitonin versus calcitonin + resistance exercise as prophylaxis for osteoporosis in heart transplant recipients. *Transplantation* 2006 April 27;81(8):1191-5. Drug intervention study
- (153) Braith RW, Conner JA, Fulton MN, Lisor CF, Casey DP, Howe KS, Baz MA. Comparison of alendronate vs alendronate plus mechanical loading as prophylaxis for osteoporosis in lung transplant recipients: a pilot study. *The Journal Of Heart And Lung Transplantation: The Official Publication Of The International Society For Heart Transplantation* 2007 February;26(2):132-7. Drug intervention study
- (154) Bravo G, Gauthier P, Roy P-M, Payette H, Gaulin P, Harvey M, Peloquin L, Dubois M-F. Impact of a 12-month exercise program on the physical and psychological health of osteopenic women. *Journal of the American Geriatrics Society* 1996;44:756-62. Subjects were active, NOT sedentary

- (155) Brazaitis M, Kamandulis S, Skurvydas A, Daniuseviciute L. The effect of two kinds of T-shirts on physiological and psychological thermal responses during exercise and recovery. *Appl Ergon* 2010 December;42(1):46-51. Not a BMD and/or ground reaction force topic
- (156) Brenneman SK, LaCroix AZ, Buist DSM, Chen Y, Abbott TA, III. Evaluation of decision rules to identify postmenopausal women for intervention related to osteoporosis. *Disease Management* 2003 September;6(3):159-68. Inappropriate Intervention, Cross-sectional study
- (157) Briggs AM, van Dieen JH, Wrigley TV, Greig AM, Phillips B, Lo SK, Bennell KL. Thoracic kyphosis affects spinal loads and trunk muscle force. *Physical Therapy* 2007 May;87(5):595-607. Inappropriate Outcomes, No BMD data
- (158) Brodowska A. [The influence of hormonal replacement therapy on bone density in postmenopausal women depending on polymorphism of vitamin D receptor (VDR) and estrogen receptor (ER) genes]. *Annales Academiae Medicae Stetinensis* 2003;49:111-30. Inappropriate Comparison Group, No control group (NC)
- (159) Brooke-Wavell K, Jones PR, Hardman AE, Tsuritan, Yamada Y. Commencing, continuing and stopping brisk walking: effects on BMD, quantitative ultrasound of bone and markers of bone metabolism in postmenopausal women. *Osteoporosis International: A Journal Established As Result Of Cooperation Between The European Foundation For Osteoporosis And The National Osteoporosis Foundation Of The USA* 2001;12(7):581-7. Inappropriate Intervention, Follow-up Study
- (160) Brooke-Wavell K, Cooling VC. Fall Risk Factors in Older Female Lawn Bowls Players and Controls. *Journal of Aging & Physical Activity* 2009 January;17(1):123-30. Inappropriate Intervention, Not a randomized controlled trial (RCT)
- (161) Brown JP, Josse RG. 2002 clinical practice guidelines for the diagnosis and management of osteoporosis in Canada. *CMAJ: Canadian Medical Association Journal = Journal De L'association Medicale Canadienne* 2002 November 12;167(10 Suppl):S1-S34. Review article
- (162) Brox JI, Nygaard OP, Holm I, Keller A, Ingebrigtsen T, Reikeras O. Four-year follow-up of surgical versus non-surgical therapy for chronic low back pain. *Ann Rheum Dis* 2010 September;69(9):1643-8. Not a BMD and/or ground reaction force topic
- (163) Bruder A, Taylor NF, Dodd KJ, Shields N. Exercise reduces impairment and improves activity in people after some upper limb fractures: a systematic review. *J Physiother* 2011;57(2):71-82. Review article
- (164) Brunner R, Dunbar-Jacob J, Leboff MS, Granek I, Bowen D, Snetselaar LG, Shumaker SA, Ockene J, Rosal M, Wactawski-Wende J, Cauley J, Cochrane B, Tinker L, Jackson R, Wang CY, Wu L. Predictors of adherence in the Women's Health Initiative Calcium and Vitamin D Trial. *Behavioral Medicine* 2009;34(4):145-55. Inappropriate Intervention, Not a randomized controlled trial (RCT)

- (165) Brunner RL, Cochrane B, Jackson RD, Larson J, Lewis C, Limacher M, Rosal M, Shumaker S, Wallace R. Calcium, vitamin D supplementation, and physical function in the Women's Health Initiative. *J Am Diet Assoc* 2008 September;108(9):1472-9. Inappropriate Intervention, Not a randomized controlled trial (RCT)
- (166) Buchner DM, Beresford SA, Larson EB, LaCroix AZ, Wagner EH. Effects of physical activity on health status in older adults. II. Intervention studies. *Annual Review Of Public Health* 1992;13:469-88. Review article
- (167) Budak N, Cicek B, Sahin H, Tutus A. BMD and serum 25-hydroxyvitamin D level: is there any difference according to the dressing style of the female university students. *International Journal of Food Sciences & Nutrition* 2004 November;55(7):569-75. Inappropriate Intervention, Not an exercise intervention study
- (168) Budoff MJ, Chen CP, Hunter CJ, Takasu J, Agrawal N, Soroichinsky B, Mao S. Effects of hormone replacement on progression of coronary calcium as measured by electron beam tomography. *Journal of Women's Health* (15409996) 2005 June;14(5):410-7. Inappropriate Intervention, Observational study
- (169) Buencamino MCA, Sikon AL, Jain A, Thacker HL. An observational study on the adherence to treatment guidelines of osteopenia. *Journal of Women's Health* (15409996) 2009 June;18(6):873-81. Inappropriate Intervention, Observational study
- (170) Buist DS, LaCroix AZ, Black DM, Harris F, Blank J, Ensrud K, Edgerton D, Rubin S, Fox KM. Inclusion of older women in randomized clinical trials: factors associated with taking study medication in the fracture intervention trial. *Journal of the American Geriatrics Society* 2000 September;48(9):1126-31. Inappropriate Intervention, Not an exercise intervention study
- (171) Bunout D, Barrera G, de la Maza P, Avendano M, Gattas V, Petermann M, Hirsch S. The impact of nutritional supplementation and resistance training on the health functioning of free-living Chilean elders: results of 18 months of follow-up. *The Journal Of Nutrition* 2001 September;131(9):2441S-6S. No info on whether subjects were sedentary or active
- (172) Bunout D, Barrera G, Leiva L, Gattas V, de la Maza M, Avendano M, Hirsch S. Effects of vitamin D supplementation and exercise training on physical performance in Chilean vitamin D deficient elderly subjects. *Experimental Gerontology* 2006 August;41(8):746-52. Diet Intervention or Supplement Study
- (173) Buntain HM, Greer RM, Schluter PJ, Wong JCH, Batch JA, Potter JM, Lewindon PJ, Powell E, Wainwright CE, Bell SC. BMD in Australian children, adolescents and adults with cystic fibrosis: a controlled cross sectional study. *Thorax* 2004 February;59(2):149-55. Inappropriate Intervention, Study limited to children and/or adolescents
- (174) Burr DB, Yoshikawa T, Teegarden D, Lyle R, McCabe G, McCabe LD, Weaver CM. Exercise and oral contraceptive use suppress the normal age-related increase in bone

mass and strength of the femoral neck in women 18-31 years of age. *Bone* 2000 December;27(6):855-63. Same subjects as another study already included

- (175) Bussieres AE, Taylor JA, Peterson C. Diagnostic imaging practice guidelines for musculoskeletal complaints in adults-an evidence-based approach-part 3: spinal disorders. *Journal of Manipulative & Physiological Therapeutics* 2008;31(1):33-88. Review article
- (176) Caan B, Neuhouser M, Aragaki A. Calcium plus vitamin D supplementation and the risk of postmenopausal weight gain. *Alternative Medicine Review* 2007 September;12(3):295. Description of study from review or magazine or etc. (not the actual study)
- (177) Caliendo P, La TG, Padua R, Giannini F, Padua L. Treatment for ulnar neuropathy at the elbow. *Cochrane Database Syst Rev* 2011;(2):CD006839. Review article
- (178) Calmels P, Vico L, Alexandre C, Minaire P. Cross-sectional study of muscle strength and BMD in a population of 106 women between the ages of 44 and 87 years: relationship with age and menopause. *European Journal Of Applied Physiology And Occupational Physiology* 1995;70(2):180-6. Inappropriate Intervention, Cross-sectional study
- (179) Campbell B, Kreider RB. Conjugated Linoleic Acids. *Current Sports Medicine Reports* 2008 July;7(4):237-41. Review article
- (180) Caplan GA, Ward JA, Lord SR. The benefits of exercise in postmenopausal women. *Australian Journal Of Public Health* 1993 March;17(1):23-6. Inappropriate Intervention, CT
- (181) Cardinale M, Leiper J, Farajian P, Heer M. Whole-body vibration can reduce calciuria induced by high protein intakes and may counteract bone resorption: A preliminary study. *Journal Of Sports Sciences* 2007 January;25(1):111-9. Inappropriate Intervention, Study less than 6 months
- (182) Carlesso LC, Macdermid JC, Santaguida LP. Standardization of adverse event terminology and reporting in orthopaedic physical therapy: application to the cervical spine. *J Orthop Sports Phys Ther* 2010 August;40(8):455-63. Review article
- (183) Carrascosa A, Gussinye M, Terradas P, Yeste D, Audi L, Vicens-Calvet E. Spontaneous, but not induced, puberty permits adequate bone mass acquisition in adolescent Turner syndrome patients. *Journal Of Bone And Mineral Research: The Official Journal Of The American Society For Bone And Mineral Research* 2000 October;15(10):2005-10. Inappropriate Intervention, Study limited to children and/or adolescents
- (184) Carrel AL, Sledge JS, Ventura SJ, Clark RR, Peterson SE, Eickhoff J, Allen DB. Measuring aerobic cycling power as an assessment of childhood fitness. *Journal of Strength & Conditioning Research (Allen Press Publishing Services Inc)* 2007

August;21(3):685-8. Inappropriate Intervention, Study limited to children and/or adolescents

- (185) Caruso JF, Hamill JL, Yamauchi M, Cook TD, Mercado DR, Gibb G, Higginson BK, Elias J, Hernandez DA. Can albuterol help resistance exercise attenuate unloading-induced bone loss? *Journal Of Strength And Conditioning Research / National Strength & Conditioning Association* 2004 November;18(4):753-9. Inappropriate Intervention, Animal study
- (186) Cauley JA, Black DM, Barrett-Connor E, Harris F, Shields K, Applegate W, Cummings SR. Effects of hormone replacement therapy on clinical fractures and height loss: The heart and estrogen/progestin replacement study (HERS). *American Journal of Medicine* 2001;110(6):442-50. Inappropriate Intervention, Drug intervention study
- (187) Chan K, Qin L, Lau M, Woo J, Au S, Choy W, Lee K, Lee S. A randomized, prospective study of the effects of Tai Chi Chun exercise on BMD in postmenopausal women. *Archives Of Physical Medicine And Rehabilitation* 2004 May;85(5):717-22. Inappropriate Intervention, No aerobic exercise or WT intervention
- (188) Chan MF, Ko CY, Day MC. The effectiveness of an osteoporosis prevention education programme for women in Hong Kong: a randomized controlled trial. *Journal of Clinical Nursing* 2005 October;14(9):1112-23. Inappropriate Intervention, Educational intervention
- (189) Chan MF, Ko CY. Osteoporosis prevention education programme for women. *Journal of Advanced Nursing* 2006 April 15;54(2):159-70. Inappropriate Intervention, Educational intervention
- (190) Chang TK, Huang CH, Huang CH, Chen HC, Cheng CK. The influence of long-term treadmill exercise on bone mass and articular cartilage in ovariectomized rats. *BMC Musculoskelet Disord* 2010;11:185. Animal study
- (191) Chao D, Espeland MA, Farmer D, Register TC, Lenchik L, Applegate WB, Ettinger WH, Jr. Effect of voluntary weight loss on BMD in older overweight women. *Journal of the American Geriatrics Society* 2000 July;48(7):753-9. Inappropriate Intervention, Diet Intervention Study
- (192) Chao ML, Hazelton M, Cholewicki K. The effect of an exercise program on BMD in adults with osteopenia in Taiwan: a randomized controlled trial. *Thai Journal of Nursing Research* 2005 April;9(2):77-90. Inappropriate Outcomes, No BMD data
- (193) Chapman LS, Lesch N, Baun MP. The Role of Health and Wellness Coaching in Worksite Health Promotion. *American Journal of Health Promotion* 2007 July;21(6):1-10. Inappropriate Outcomes, No BMD data
- (194) Chen HL, Lee CL, Tseng HI, Yang SN, Yang RC, Jao HC. Assisted exercise improves bone strength in very low birthweight infants by bone quantitative ultrasound. *J*

Paediatr Child Health 2010 November;46(11):653-9. Study limited to children and/or adolescents

- (195) Chen Y, Wang S, Bu S, Wang Y, Duan Y, Yang S. Treadmill training prevents bone loss by inhibition of PPARgamma expression but not promoting of Runx2 expression in ovariectomized rats. *Eur J Appl Physiol* 2011 January 9. Animal study
- (196) Cheng S, Sipila S, Taaffe DR, Puolakka J, Suominen H. Change in bone mass distribution induced by hormone replacement therapy and high-impact physical exercise in post-menopausal women. *Bone* 2002 July;31(1):126-35. No info on whether subjects were sedentary or active
- (197) Cheng XW, Kuzuya M, Kim W, Song H, Hu L, Inoue A, Nakamura K, Di Q, Sasaki T, Tsuzuki M, Shi GP, Okumura K, Murohara T. Exercise training stimulates ischemia-induced neovascularization via phosphatidylinositol 3-kinase/Akt-dependent hypoxia-induced factor-1 alpha reactivation in mice of advanced age. *Circulation* 2010 August 17;122(7):707-16. Animal study
- (198) Chien MY, Wu YT, Hsu AT, Yang RS, Lai JS. Efficacy of a 24-week aerobic exercise program for osteopenic postmenopausal women. *Calcified Tissue International* 2000 December;67(6):443-8. Inappropriate Intervention, Not a randomized controlled trial (RCT)
- (199) Chilibeck PD, Stride D, Farthing JP, Burke DG. Effect of creatine ingestion after exercise on muscle thickness in males and females. *Medicine and Science in Sports and Exercise* 2004 October;36(10):1781-8. Inappropriate Outcomes, No BMD data
- (200) Chilibeck PD. Exercise and Estrogen or Estrogen Alternatives (Phytoestrogens, Biphosphonates) for Preservation of Bone Mineral in Postmenopausal Women. *Canadian Journal of Applied Physiology* 2004 February;29(1):59-75. Review article
- (201) Chin-Hsien W, Yu-Hsien K, Shih-Chieh Y, Tsai-Sheng F, Po-Liang L, Wen-Jer C. Supplementary pedicle screw fixation in spinal fusion for degenerative spondylolisthesis in patients aged 65 and over: Outcome after a minimum of 2 years follow-up in 82 patients. *Acta Orthopaedica* 2008 February;79(1):67-73. Inappropriate Intervention, No aerobic exercise or WT intervention
- (202) Chodzko-Zajko W, Suzuki T. Keynote Addresses. *Journal of Aging & Physical Activity* 2008 July 2;16:S4-S6. Inappropriate Outcomes, No BMD data
- (203) Chou SH, Chamberland JP, Liu X, Matarese G, Gao C, Stefanakis R, Brinkoetter MT, Gong H, Arampatzi K, Mantzoros CS. Leptin is an effective treatment for hypothalamic amenorrhea. *Proc Natl Acad Sci U S A* 2011 April 19;108(16):6585-90. Drug intervention study
- (204) Christensen FB. Lumbar spinal fusion: Outcome in relation to surgical methods, choice of implant and postoperative rehabilitation. *Acta Orthopaedica Scandinavica* 2004 October 2;75:1-43. Inappropriate Intervention, No aerobic exercise or WT intervention

- (205) Christie A, Jamtvedt G, Dahm KT, Moe RH, Haavardsholm EA, Hagen KB. Effectiveness of Nonpharmacological and Nonsurgical Interventions for Patients With Rheumatoid Arthritis: An Overview of Systematic Reviews. *Physical Therapy* 2007 December;87(12):1697-715. Review article
- (206) Chubak J, Ulrich CM, Tworoger SS, Sorensen B, Yasui Y, Irwin ML, Stanczyk FZ, Potter JD, McTiernan A. Effect of exercise on BMD and lean mass in postmenopausal women. *Medicine and Science in Sports and Exercise* 2006 July;38(7):1236-44. Inappropriate Outcomes
- (207) Chung YS, Lee HC, Hwang SK, Paik IK, Lee JH, Huh KB. Growth hormone replacement therapy in adults with growth hormone deficiency; thrice weekly low dose administration. *Journal Of Korean Medical Science* 1994 April;9(2):169-78. Inappropriate Intervention, Drug intervention study
- (208) Chyu MC, James CR, Sawyer SF, Brismee JM, Xu KT, Poklikuha G, Dunn DM, Shen CL. Effects of tai chi exercise on posturography, gait, physical function and quality of life in postmenopausal women with osteopaenia: a randomized clinical study. *Clin Rehabil* 2010 December;24(12):1080-90. Inappropriate Intervention
- (209) Clark MS. The Unilateral Forefoot Balance Test: reliability and validity for measuring balance in late midlife women. *New Zealand Journal of Physiotherapy* 2007 November;35(3):110-8. Inappropriate Outcomes, No BMD data
- (210) Clark RA, Bartold S, Bryant AL. Tibial acceleration variability during consecutive gait cycles is influenced by the menstrual cycle. *Clin Biomech (Bristol, Avon)* 2010 July;25(6):557-62. Not a BMD and/or ground reaction force topic
- (211) Clay CA, Perera S, Wagner JM, Miller ME, Nelson JB, Greenspan SL. Physical function in men with prostate cancer on androgen deprivation therapy. *Physical Therapy* 2007 October;87(10):1325-33. Inappropriate Outcomes, No BMD data
- (212) Cleland JA, Mintken PE, Carpenter K, Fritz JM, Glynn P, Whitman J, Childs JD. Examination of a clinical prediction rule to identify patients with neck pain likely to benefit from thoracic spine thrust manipulation and a general cervical range of motion exercise: multi-center randomized clinical trial. *Phys Ther* 2010 September;90(9):1239-50. Not a BMD and/or ground reaction force topic
- (213) Cobb KL, Bachrach LK, Greendale G, Marcus R, Neer RM, Nieves J, Sowers MF, Brown BW, Jr., Gopalakrishnan G, Luetters C, Tanner HK, Ward B, Kelsey JL. Disordered eating, menstrual irregularity, and BMD in female runners. *Medicine & Science in Sports & Exercise* 2003 May;35(5):711-9. Inappropriate Intervention, Cross-sectional study
- (214) Cobb KL, Bachrach LK, Sowers M, Nieves J, Greendale GA, Kent KK, Brown BW, Jr., Pettit K, Harper DM, Kelsey JL. The effect of oral contraceptives on bone mass and stress fractures in female runners. *Medicine and Science in Sports and Exercise* 2007 September;39(9):1464-73. Inappropriate Intervention, Drug intervention study

- (215) Cochrane DJ, Hawks EJ. EFFECTS OF ACUTE UPPER-BODY VIBRATION ON STRENGTH AND POWER VARIABLES IN CLIMBERS. *Journal of Strength & Conditioning Research* (Allen Press Publishing Services Inc) 2007 May;21(2):527-31. Inappropriate Outcomes, No BMD data
- (216) Cook WL, Khan KM, Bech MH, Brasher PM, Brown RA, Bryan S, Donaldson MG, Guy P, Hanson HM, Leia C, Macri EM, Sims-Gould J, McKay HA, Ashe MC. Post-discharge management following hip fracture - get you back to B4: A parallel group, randomized controlled trial study protocol. *BMC Geriatr* 2011;11:30. Not an exercise intervention study
- (217) Cornish SM, Chilibeck PD, Paus-Jennsen L, Biem HJ, Khozani T, Senanayake V, Vatanparast H, Little JP, Whiting SJ, Pahwa P. A randomized controlled trial of the effects of flaxseed lignan complex on metabolic syndrome composite score and bone mineral in older adults. *Applied Physiology, Nutrition, And Metabolism = Physiologie Appliquée, Nutrition Et Métabolisme* 2009 April;34(2):89-98. Inappropriate Intervention, Diet Intervention or Supplement Study
- (218) Crandall C. Vitamin A intake and osteoporosis: a clinical review. *Journal of Women's Health* (15409996) 2004 October;13(8):939-53. Review article
- (219) Crawford BAL, Liu PY, Kean MT, Bleasel JF, Handelsman DJ. Randomized placebo-controlled trial of androgen effects on muscle and bone in men requiring long-term systemic glucocorticoid treatment. *Journal of Clinical Endocrinology and Metabolism* 2003;88(7):3167-76. Inappropriate Intervention, Drug intervention study
- (220) Cromer BA. BMD in adolescent and young adult women on injectable or oral contraception. *Current Opinion In Obstetrics & Gynecology* 2003 October;15(5):353-7. Review article
- (221) Curran MP, Scott LJ. Orlistat: A Review of its Use in the Management of Patients with Obesity. *Drugs* 2004 December 15;64(24):2845-64. Review article
- (222) Cussler EC, Lohman TG, Going SB, Houtkooper LB, Metcalfe LL, Flint-Wagner HG, Harris RB, Teixeira PJ. Weight lifted in strength training predicts bone change in postmenopausal women. *Medicine and Science in Sports and Exercise* 2003 January;35(1):10-7. Same subjects as another study already included
- (223) Cussler EC, Going SB, Houtkooper LB, Stanford VA, Blew RM, Flint-Wagner HG, Metcalfe LL, Choi JE, Lohman TG. Exercise frequency and calcium intake predict 4-year bone changes in postmenopausal women. *Osteoporosis International: A Journal Established As Result Of Cooperation Between The European Foundation For Osteoporosis And The National Osteoporosis Foundation Of The USA* 2005 December;16(12):2129-41. Same subjects as another study already included
- (224) Czaja AJ. Drug Therapy in the Management of Type 1 Autoimmune Hepatitis. *Drugs* 1999 January;57(1):49-68. Inappropriate Outcomes, No BMD data

- (225) Daley MJ, Spinks WL. Exercise, mobility and aging. / Exercice, mobilite et vieillissement. Sports Medicine 2000 January;29(1):1-12. Review article
- (226) Dalleck Lanc, Dalleck Ange. The ACSM exercise intensity guidelines for cardiorespiratory fitness: Why the misuse? Journal of Exercise Physiology Online 2008 August;11(4):1-11. Review article
- (227) Daly RM, Ahlborg HG, Ringsberg K, Gardsell P, Sernbo I, Karlsson MK. Association between changes in habitual physical activity and changes in bone density, muscle strength, and functional performance in elderly men and women. Journal of the American Geriatrics Society 2008 December;56(12):2252-60. Inappropriate Intervention, Prospective Study
- (228) Daly RM, Petrass N, Bass S, Nowson CA. The skeletal benefits of calcium- and vitamin D3-fortified milk are sustained in older men after withdrawal of supplementation: an 18-mo follow-up study. American Journal of Clinical Nutrition 2008 March;87(3):771-7. Inappropriate Intervention, No aerobic exercise or WT intervention
- (229) Daly RM, Dunstan DW, Owen N, Jolley D, Shaw JE, Zimmet PZ. Does high-intensity resistance training maintain bone mass during moderate weight loss in older overweight adults with type 2 diabetes? Osteoporosis International: A Journal Established As Result Of Cooperation Between The European Foundation For Osteoporosis And The National Osteoporosis Foundation Of The USA 2005 December;16(12):1703-12. Diet Intervention Study
- (230) Daly RM, Bass S, Nowson C. Long-term effects of calcium-vitamin-D3-fortified milk on bone geometry and strength in older men. Bone 2006 October;39(4):946-53. Inappropriate Intervention, No aerobic exercise or WT intervention
- (231) Daly RM, Brown M, Bass S, Kukuljan S, Nowson C. Calcium- and vitamin D3-fortified milk reduces bone loss at clinically relevant skeletal sites in older men: a 2-year randomized controlled trial. Journal Of Bone And Mineral Research: The Official Journal Of The American Society For Bone And Mineral Research 2006 March;21(3):397-405. Inappropriate Intervention, No aerobic exercise or WT intervention
- (232) Daly RM, Petrass N, Bass S, Nowson CA. The skeletal benefits of calcium- and vitamin D3-fortified milk are sustained in older men after withdrawal of supplementation: an 18-mo follow-up study. The American Journal Of Clinical Nutrition 2008 March;87(3):771-7. Inappropriate Intervention, No aerobic exercise or WT intervention
- (233) Damiano DL. Activity, Activity, Activity: Rethinking Our Physical Therapy Approach to Cerebral Palsy. Physical Therapy 2006 November;86(11):1534-40. Inappropriate Outcomes, No BMD data

- (234) Damush TM, Perkins SM, Mikesky AE, Roberts M, O'Dea J. Motivational Factors Influencing Older Adults Diagnosed With Knee Osteoarthritis to Join and Maintain an Exercise Program. *Journal of Aging & Physical Activity* 2005 January;13(1):45. Inappropriate Outcomes, No BMD data
- (235) Danz AM, Zittermann A, Schiedermaier U, Klein K, Hotzel D, Schonau E. The effect of a specific strength-development exercise on BMD in perimenopausal and postmenopausal women. *Journal of Women's Health* 1998 August;7(6):701-9. Inappropriate Outcomes, No BMD data
- (236) Dargent-Molina P. [Epidemiology and risk factors for osteoporosis]. *La Revue De Médecine Interne / Fondation Par La Société Nationale Française De Médecine Interne* 2004 December;25 Suppl 5:S517-S525. Review article
- (237) Darnley MJ. Safety of chronic exercise in a rat model of kidney disease. *MAJ* 1998;37(01,):0170. Inappropriate Intervention, Animal study
- (238) Davis GC, White TL, Yang A. A bone health intervention for older adults living in residential settings. *Research in Nursing & Health* 2006 December;29(6):566-75. Inappropriate Intervention, Educational intervention
- (239) Davis JA, Jr., Triolo RJ, Uhler J, Bieri C, Rohde L, Lissy D, Kukke S. Preliminary performance of a surgically implanted neuroprosthesis for standing and transfers -- where do we stand? *Journal of Rehabilitation Research & Development* 2001 November;38(6):609-17. Inappropriate Intervention, No aerobic exercise or WT intervention
- (240) Davis JC, Guy P, Ashe MC, Liu-Ambrose T, Khan K. HipWatch: osteoporosis investigation and treatment after a hip fracture: a 6-month randomized controlled trial. *Journals of Gerontology Series A: Biological Sciences & Medical Sciences* 2007 August;62A(8):888-91. Inappropriate Intervention, No aerobic exercise or WT intervention
- (241) Davis JK, Green JM. Resistance Training and Type-2 Diabetes. *Strength & Conditioning Journal* (Allen Press) 2007 February;29(1):42-8. Review article
- (242) de Jong N, Chin AP, de Groot LC, Hiddink GJ, van Staveren WA. Dietary supplements and physical exercise affecting bone and body composition in frail elderly persons. *American Journal Of Public Health* 2000 June;90(6):947-54. Inappropriate Intervention, Study less than 6 months
- (243) de Jong N. Sensible aging: using nutrient-dense foods and physical exercise with the frail elderly. *Nutrition Today* 2001 July;36(4):202-7. Inappropriate Intervention, Study less than 6 months
- (244) De Jong N, Paw MJMC, De Groot LCPG, Hiddink GJ, Van Staveren WA. Dietary Supplements and Physical Exercise Affecting Bone and Body Composition in Frail

Elderly Persons. American Journal Of Public Health 2000 June;90(6):947-54.
Inappropriate Intervention, Study less than 6 months

- (245) de Jong Z, Munneke M, Zwinderman AH, Kroon HM, Runday KH, Lems WF, Dijkmans BAC, Breedveld FC, Vliet Vlieland TPM, Hazes JMW, Huizinga TWJ. Long term high intensity exercise and damage of small joints in rheumatoid arthritis. Annals Of The Rheumatic Diseases 2004 November;63(11):1399-405. Inappropriate Intervention, No BMD data
- (246) de Jong Z, Munneke M, Lems WF, Zwinderman AH, Kroon HM, Pauwels EKJ, Jansen A, Runday KH, Dijkmans BAC, Breedveld FC, Vliet Vlieland TPM, Hazes JMW. Slowing of bone loss in patients with rheumatoid arthritis by long-term high-intensity exercise: results of a randomized, controlled trial. Arthritis & Rheumatism 2004 April;50(4):1066-76. No info on whether subjects were sedentary or active
- (247) de Zepetnek JOT, Giangregorio LM, Craven BC. Whole-body vibration as potential intervention for people with low BMD and osteoporosis: A review. Journal of Rehabilitation Research & Development 2009 April;46(4):529-42. Review article
- (248) DeBar LL, Ritenbaugh C, Aickin M, Orwoll E, Elliot D, Dickerson J, Vuckovic N, Stevens VJ, Moe E, Irving LM. Youth: a health plan-based lifestyle intervention increases BMD in adolescent girls. Archives of pediatrics & adolescent medicine 2006;160:1269-76. Inappropriate Intervention, Study limited to children and/or adolescents
- (249) Deeks ED, Perry CM. Zoledronic acid : a review of its use in the treatment of osteoporosis. Drugs & Aging 2008 August;25(11):963-86. Review article
- (250) Deeks ED, Keam SJ. Rosiglitazone: A Review of its Use in Type 2 Diabetes Mellitus. Drugs 2007 December;67(18):2747-79. Review article
- (251) Deeks ED, Perry CM. Ciclesonide: A Review of its Use in the Management of Asthma. Drugs 2008 July 15;68(12):1741-70. Review article
- (252) Delaney TA. Association of insulin-like growth factor-i with body composition, diet and bone mineral indices in weight resistance-trained premenopausal women University of California at Davis; 1991. Inappropriate Intervention, Study less than 6 months
- (253) Delmas PD. Treatment of postmenopausal osteoporosis. Lancet 2002 June 8;359(9322):2018-26. Review article
- (254) Der Ananian CA, Wilcox S, Abbott J, Vrazel J, Ramsey C, Sharpe P, Brady T. The exercise experience in adults with arthritis: a qualitative approach. American Journal of Health Behavior 2006 November;30(6):731-44. Inappropriate Intervention, Not a randomized controlled trial (RCT)

- (255) Der Ananian C, Wilcox S, Watkins K, Saunders RP, Evans AE. Factors Associated With Exercise Participation in Adults With Arthritis. *Journal of Aging & Physical Activity* 2008 April;16(2):125-43. Inappropriate Intervention, Cross-sectional study
- (256) Deuster PA, Bennett T, Bathalon G, Armstrong D, III, Martin B, Coll R, Beck R, Barkdull T, O'Brien K. Effect of creatine on performance of militarily relevant tasks and soldier health. *Military Medicine* 2001 November;166(11):996-1002. Inappropriate Outcomes, No aerobic exercise or WT intervention
- (257) Devine A, Prince RL, Bell R. Nutritional effect of calcium supplementation by skim milk powder or calcium tablets on total nutrient intake in postmenopausal women. *The American Journal Of Clinical Nutrition* 1996 November;64(5):731-7. Inappropriate Intervention, Diet Intervention or Supplement Study
- (258) Devine A, Hodgson JM, Dick IM, Prince RL. Tea drinking is associated with benefits on bone density in older women. *The American Journal Of Clinical Nutrition* 2007 October;86(4):1243-7. Inappropriate Intervention, Cross-sectional study
- (259) Dhamrait SS, James L, Brull DJ, Myerson S, Hawe E, Pennell DJ, World M, Humphries SE, Haddad F, Montgomery HE. Cortical bone resorption during exercise is interleukin-6 genotype-dependent. *European Journal Of Applied Physiology* 2003 March;89(1):21-5. Inappropriate Intervention, Study less than 6 months
- (260) Di Felice V, Macaluso F, Montalbano A, Gammazza AM, Palumbo D, Angelone T, Bellafiore M, Farina F. Effects of conjugated linoleic acid and endurance training on peripheral blood and bone marrow of trained mice. *Journal of Strength & Conditioning Research (Allen Press Publishing Services Inc)* 2007 February;21(1):193-8. Inappropriate Intervention, Animal study
- (261) Di Loreto C, Ranchelli A, Lucidi P, Murdolo G, Parlanti N, De Cicco A, Tsarpela O, Annino G, Bosco C, Santeusanio F, Bolli GB, De Feo P. Effects of whole-body vibration exercise on the endocrine system of healthy men. *Journal Of Endocrinological Investigation* 2004 April;27(4):323-7. Inappropriate Outcomes, No BMD data
- (262) Di Monaco M, Trucco M, Di Monaco R, Tappero R, Cavanna A. The relationship between initial trunk control or postural balance and inpatient rehabilitation outcome after stroke: a prospective comparative study. *Clinical Rehabilitation* 2010 June;24(6):543-54. Inappropriate Intervention, No aerobic exercise or WT intervention
- (263) DiBrezzo R, Shadden BB, Raybon BH, Powers M. Exercise Intervention Designed to Improve Strength and Dynamic Balance Among Community-Dwelling Older Adults. *Journal of Aging & Physical Activity* 2005 April;13(2):198. Inappropriate Intervention, Study less than 6 months
- (264) DiSilvestro RA, Crawford B, Zhang W, Shastri S. Effects of micronutrient supplementation plus resistance exercise training on bone metabolism markers in young adult woman. *Journal of Nutritional & Environmental Medicine* 2007 February;16(1):26-32. Inappropriate Intervention, Study less than 6 months

- (265) Doheny MO, Sedlak CA, Hall RJ, Estok PJ. Structural model for osteoporosis preventing behavior in men. *Am J Mens Health* 2010 December;4(4):334-43. Not an exercise intervention study
- (266) Dolny DG, Reyes GFC. Whole Body Vibration Exercise: Training and Benefits. *Current Sports Medicine Reports* 2008 May;7(3):152-7. Review article
- (267) Dominguez LJ, Barbagallo M, Morley JE. Anti-aging medicine: pitfalls and hopes. *Aging Male* 2009 March;12(1):13-20. Review article
- (268) Dompier T. Free Communications, Oral Presentations: Injury Epidemiology. *Journal of Athletic Training* 2006 April 2;41:S-54. Inappropriate Intervention, Study limited to children and/or adolescents
- (269) Dong-Il S, Tae-Won J, Kae-Soon P, Hyukki C, Wi-Young S, Wook S. 12 Weeks of Combined Exercise Is Better Than Aerobic Exercise for Increasing Growth Hormone in Middle-Aged Women. *International Journal of Sport Nutrition & Exercise Metabolism* 2010 February;20(1):21-6. Inappropriate Intervention, Study less than 6 months
- (270) Dornemann TM, McMurray RG, Renner JB, Anderson JJ. Effects of high-intensity resistance exercise on BMD and muscle strength of 40-50-year-old women. *The Journal Of Sports Medicine And Physical Fitness* 1997 December;37(4):246-51. Subjects were active, NOT sedentary
- (271) Douchi T, Yamamoto S, Oki T, Maruta K, Kuwahata R, Yamasaki H, Nagata Y. The effects of physical exercise on body fat distribution and BMD in postmenopausal women. *Maturitas* 2000 April 28;35(1):25-30. Inappropriate Intervention, Cross-sectional study
- (272) Douchi T, Matsuo T, Uto H, Kuwahata T, Oki T, Nagata Y. Lean body mass and BMD in physically exercising postmenopausal women. *Maturitas* 2003 July 25;45(3):185-90. Inappropriate Intervention, Case-Control / Case Study
- (273) Drinkwater BL. 1994 C. H. McCloy Research Lecture: does physical activity play a role in preventing osteoporosis? *Research Quarterly For Exercise And Sport* 1994 September;65(3):197-206. Review article
- (274) Duca RA, Jr. Nutritional management of celiac disease -- an individual case study. *Nutritional Perspectives: Journal of the Council on Nutrition* 2008 July;31(3):36. Inappropriate Intervention, Case-Control / Case Study
- (275) Dukas L, Bischoff HA, Lindpaintner LS, Schacht E, Birkner-Binder D, Damm TN, Thalmann B, Stahelin HB. Alfacalcidol reduces the number of fallers in a community-dwelling elderly population with a minimum calcium intake of more than 500 mg daily. *Journal of the American Geriatrics Society* 2004 February;52(2):230-6. Inappropriate Intervention, Drug intervention study

- (276) Dunshea FR, Cox ML. Effect of dietary protein on body composition and insulin resistance using a pig model of the child and adolescent. *Nutrition & Dietetics* 2008 June 2;65:S60-S65. Inappropriate Intervention, Animal study
- (277) Duque G, Troen BR. Understanding the mechanisms of senile osteoporosis: new facts for a major geriatric syndrome [corrected] [published erratum appears in *J Am Geriatr Soc* 2008 Jul;56(7):1378]. *Journal of the American Geriatrics Society* 2008 May;56(5):935-41. Review article
- (278) Durmus A, Cakmak A, Disci R, Muslumanoglu L. The efficiency of electromagnetic field treatment in Complex Regional Pain Syndrome Type I. *Disability & Rehabilitation* 2004 May 6;26(9):537-45. Inappropriate Intervention, Study less than 6 months
- (279) Eastell R. Management of Bone Health in Postmenopausal Women. *Hormone Research* 2005 November 2;64:76-80. Review article
- (280) Ebadi S, Ansari NN, Henschke N, Naghdi S, van Tulder MW. The effect of continuous ultrasound on chronic low back pain: protocol of a randomized controlled trial. *BMC Musculoskeletal Disord* 2011;12:59. Study less than 6 months
- (281) Ebrahim S, Thompson PW, Baskaran V, Evans K. Randomized placebo-controlled trial of brisk walking in the prevention of postmenopausal osteoporosis. *Age & Ageing* 1997 July;26(4):253-60. Subjects were active, NOT sedentary, No non-intervention control group
- (282) Edwards BJ, Migliorati CA. Osteoporosis and its implications for dental patients. *Journal Of The American Dental Association* (1939) 2008 May;139(5):545-52. Review article
- (283) Egan M, Jaglal S, Byrne K, Wells J, Stolee P. Factors associated with a second hip fracture: a systematic review. *Clinical Rehabilitation* 2008 March;22(3):272-82. Review article
- (284) Eisenstein J, Roberts SB, Dallal G, Saltzman E. High-protein Weight-loss Diets: Are They Safe and Do They Work? A Review of the Experimental and Epidemiologic Data. *Nutrition Reviews* 2002 July;60(7):189-200. Review article
- (285) El-Hajj FG, Nabulsi M, Tamim H, Maalouf J, Salamoun M, Khalife H, Choucair M, Arabi A, Vieth R. Effect of vitamin D replacement on musculoskeletal parameters in school children: a randomized controlled trial. *The Journal Of Clinical Endocrinology And Metabolism* 2006;91:405-12. Inappropriate Intervention, Study limited to children and/or adolescents
- (286) Elavsky S, McAuley E. Exercise and Self-esteem in Menopausal Women: A Randomized Controlled Trial Involving Walking and Yoga. *American Journal of Health Promotion* 2007 November;22(2):83-92. Inappropriate Intervention, Study less than 6 months

- (287) Empana J, Dargent-Molina P, Breart G. Effect of hip fracture on mortality in elderly women: the EPIDOS prospective study. *Journal of the American Geriatrics Society* 2004 May;52(5):685-90. Inappropriate Intervention, Prospective Study
- (288) Engelke K, Kemmler W, Lauber D, Beeskow C, Pintag R, Kalender WA. Exercise maintains bone density at spine and hip EFOPS: a 3-year longitudinal study in early postmenopausal women. *Osteoporosis International: A Journal Established As Result Of Cooperation Between The European Foundation For Osteoporosis And The National Osteoporosis Foundation Of The USA* 2006 January;17(1):133-42. Inappropriate Intervention, Not a randomized controlled trial (RCT)
- (289) Englund U, Littbrand H, Sundell A, Bucht G, Pettersson U. The beneficial effects of exercise on BMD are lost after cessation: a 5-year follow-up in older post-menopausal women. *Scandinavian Journal Of Medicine & Science In Sports* 2009 June;19(3):381-8. Inappropriate Intervention, Follow-up Study
- (290) Ensrud KE, Ewing SK, Stone KL, Cauley JA, Bowman PJ, Cummings SR. Intentional and unintentional weight loss increase bone loss and hip fracture risk in older women. *Journal of the American Geriatrics Society* 2003 December;51(12):1740-7. Inappropriate Intervention, Cohort Study
- (291) Ensrud KE, Blackwell TL, Ancoli-Israel S, Redline S, Yaffe K, Diem S, Claman D, Stone KL. Use of selective serotonin reuptake inhibitors and sleep disturbances in community-dwelling older women. *Journal of the American Geriatrics Society* 2006 October;54(10):1508-15. Inappropriate Intervention, Cross-sectional study
- (292) Erickson CR, Vukovich MD. Osteogenic index and changes in bone markers during a jump training program: a pilot study. *Med Sci Sports Exerc* 2010 August;42(8):1485-92. Study less than 6 months
- (293) Estabrooks PA, Fox EH, Doerksen SE, Bradshaw MH, King AC. Participatory Research to Promote Physical Activity at Congregate-Meal Sites. *Journal of Aging & Physical Activity* 2005 April;13(2):121. Inappropriate Intervention, Diet Intervention Study
- (294) Estok PJ, Sedlak CA, Doheny MO, Hall R. Structural model for osteoporosis preventing behavior in postmenopausal women. *Nursing Research* 2007 May;56(3):148-58. Inappropriate Intervention, Not an exercise intervention study
- (295) Evans EM, Saunders MJ, Spano MA, Arngrimsson SA, Lewis RD, Cureton KJ. Effects of diet and exercise on the density and composition of the fat-free mass in obese women. *Medicine and Science in Sports and Exercise* 1999 December;31(12):1778-87. Inappropriate Intervention, Study less than 6 months
- (296) Evans EM, Saunders MJ, Spano MA, Arngrimsson SA, Lewis RD, Cureton KJ. Effects of diet and exercise on the density and composition of the fat-free mass in obese men. *Medicine & Science in Sports & Exercise* 1999 December;31(12):1778-87. Inappropriate Intervention, Study less than 6 months

- (297) Evans EM, Saunders MJ, Spano MA, Arngrimsson SA, Lewis RD, Cureton KJ. Body-composition changes with diet and exercise in obese women: a comparison of estimates from clinical methods and a 4-component model. *American Journal of Clinical Nutrition* 1999 July;70(1):5-12. Inappropriate Intervention, Study less than 6 months
- (298) Evans EM, Prior BM, Arngrimsson SA, Modlesky CM, Cureton KJ. Relation of BMD and content to mineral content and density of the fat-free mass. *Journal Of Applied Physiology (Bethesda, Md : 1985)* 2001 November;91(5):2166-72. Inappropriate Intervention, Cross-sectional study
- (299) Evans EM, Racette SB, Van Pelt RE, Peterson LR, Villareal DT. Effects of soy protein isolate and moderate exercise on bone turnover and BMD in postmenopausal women. *Menopause (10723714)* 2007 May;14(3 Part 1):481-8. Inappropriate Intervention, Diet Intervention or Supplement Study
- (300) Evans GS. Effects of a 10-week strength training intervention among community-dwelling females with eating disorders. *DAI* 2007;68(09B):5894. Inappropriate Intervention, Study less than 6 months
- (301) Eynon N, Yamin C, Ben-Sira D, Sagiv M. Optimal health and function among the elderly: lessening severity of ADL disability. *European Reviews of Aging & Physical Activity* 2009 April;6(1):55-61. Review article
- (302) Fahlman MM, Topp R, McNevin N, Morgan AL, Boardley DJ. Structured exercise in older adults with limited functional ability. *Journal of Gerontological Nursing* 2007 June;33(6):32-9. Inappropriate Intervention, Study less than 6 months
- (303) Faigenbaum AD. Resistance training for adolescent athletes. *Athletic Therapy Today* 2002 November;7(6):30-5. Inappropriate Intervention, Study limited to children and/or adolescents
- (304) Faigenbaum AD, Myer GD. Pediatric Resistance Training: Benefits, Concerns, and Program Design Considerations. *Current Sports Medicine Reports* 2010 May;9(3):161-8. Inappropriate Intervention, Study limited to children and/or adolescents
- (305) Fankhauser F, Schippinger G, Weber K, Heinz S, Quehenberger F, Boldin C, Bratschitsch G, Szyszkowitz R, Georg L, Friedrich A. Cadaveric-biomechanical evaluation of bone-implant construct of proximal humerus fractures (Neer type 3). *Journal of Trauma - Injury, Infection and Critical Care* 2003;55(2):345-9. Not a BMD and/or ground reaction force topic
- (306) Farley JF, Blalock SJ. Trends and determinants of prescription medication use for treatment of osteoporosis. *American Journal of Health-System Pharmacy* 2009 July 1;66(13):1191-201. Review article
- (307) Farrell VA, Harris M, Lohman TG, Going SB, Thomson CA, Weber JL, Houtkooper LB. Comparison between dietary assessment methods for determining associations

between nutrient intakes and BMD in postmenopausal women. *Journal Of The American Dietetic Association* 2009 May;109(5):899-904. Review article

- (308) Fehily AM, Coles RJ, Evans WD, Elwood PC. Factors affecting bone density in young adults. *The American Journal Of Clinical Nutrition* 1992 September;56(3):579-86. Inappropriate Intervention, Study limited to children and/or adolescents
- (309) Fenton C, Keating GM. Inhaled Salmeterol/Fluticasone Propionate: A Review of its Use in Chronic Obstructive Pulmonary Disease. *Drugs* 2004 September;64(17):1975-96. Review article
- (310) Feskanich D, Willett WC, Stampfer MJ, Colditz GA. Milk, Dietary Calcium, and Bone Fractures in Women: A 12-Year Prospective Study. *American Journal Of Public Health* 1997 June;87(6):992-7. Inappropriate Intervention, Prospective Study
- (311) Fillipas S, Cherry CL, Cicuttini F, Smirneos L, Holland AE. The effects of exercise training on metabolic and morphological outcomes for people living with HIV: a systematic review of randomised controlled trials. *HIV Clin Trials* 2010 September;11(5):270-82. Review article
- (312) Fjeldstad C, Palmer IJ, Bemben MG, Bemben DA. Whole-body vibration augments resistance training effects on body composition in postmenopausal women. *Maturitas* 2009 May 20;63(1):79-83. Inappropriate Intervention, Not a randomized controlled trial (RCT)
- (313) Flanagan SP, Kulig K, Clinresnet P. Time courses of adaptation in lumbar extensor performance of patients with a single-level microdiscectomy during a physical therapy exercise program. *J Orthop Sports Phys Ther* 2010 June;40(6):336-44. Study less than 6 months
- (314) Flicker L, MacInnis RJ, Stein MS, Scherer SC, Mead KE, Nowson CA, Thomas J, Lowndes C, Hopper JL, Wark JD. Should older people in residential care receive vitamin D to prevent falls? Results of a randomized trial. *Journal of the American Geriatrics Society* 2005 November;53(11):1881-8. Inappropriate Intervention, Diet Intervention or Supplement Study
- (315) Fogelholm GM, Sievanen HT, Kukkonen-Harjula TK, Pasanen ME. BMD during reduction, maintenance and regain of body weight in premenopausal, obese women. *Osteoporosis International: A Journal Established As Result Of Cooperation Between The European Foundation For Osteoporosis And The National Osteoporosis Foundation Of The USA* 2001;12(3):199-206. Data not reported separately for ex & con groups
- (316) Fonseca RMC, De Franca NM, Van Praagh E. Relationship Between Indicators of Fitness and Bone Density in Adolescent Brazilian Children. *Pediatric Exercise Science* 2008 February;20(1):40-9. Inappropriate Intervention, Study limited to children and/or adolescents

- (317) Forman MR, Hursting SD, Umar A, Barrett JC. Nutrition and cancer prevention: A Multidisciplinary Perspective on Human Trials. *Annual Review of Nutrition* 2004 August;24(1):223-354. Review article
- (318) Foster GD, Wyatt HR, Hill JO, Makris AP, Rosenbaum DL, Brill C, Stein RI, Mohammed BS, Miller B, Rader DJ, Zemel B, Wadden TA, Tenhave T, Newcomb CW, Klein S. Weight and metabolic outcomes after 2 years on a low-carbohydrate versus low-fat diet: a randomized trial. *Ann Intern Med* 2010 August 3;153(3):147-57. Diet Intervention Study
- (319) Fowler EG, Kolobe THA, Damiano DL, Thorpe DE, Morgan DW, Brunstrom JE, Coster WJ, Henderson RC, Pitetti KH, Rimmer JH, Rose J, Stevenson RD. Promotion of Physical Fitness and Prevention of Secondary Conditions for Children With Cerebral Palsy: Section on Pediatrics Research Summit Proceedings. *Physical Therapy* 2007 November;87(11):1495-510. Review article
- (320) Foy CG, Penninx BW, Shumaker SA, Messier SP, Pahor M. Long-term exercise therapy resolves ethnic differences in baseline health status in older adults with knee osteoarthritis. *Journal of the American Geriatrics Society* 2005 September;53(9):1469-75. Inappropriate Intervention, Cross-sectional study
- (321) Friis RH, Nomura WL, Ma CX, Swan JH. Socioepidemiologic and health-related correlates of walking for exercise among the elderly: results from the Longitudinal Study of Aging. *Journal of Aging & Physical Activity* 2003 January;11(1):54-65. Inappropriate Intervention, Survey or questionnaire
- (322) Fuchs RK, Bauer JJ, Snow CM. Jumping improves hip and lumbar spine bone mass in prepubescent children: a randomized controlled trial. *Journal of bone and mineral research : the official journal of the American Society for Bone and Mineral Research* 2001;16:148-56. Inappropriate Intervention, Study limited to children and/or adolescents
- (323) Fuchs RK, Snow CM. Gains in hip bone mass from high-impact training are maintained: a randomized controlled trial in children. *The Journal Of Pediatrics* 2002;141:357-62. Inappropriate Intervention, Study limited to children and/or adolescents
- (324) Fujita T, Ohue M, Fujii Y, Miyauchi A, Takagi Y. Analgesic and chondroprotective effects of risedronate in osteoarthritis assessed by electroalgometry and measurement of collagen type II fragments in urine. *The Journal Of International Medical Research* 2008 September;36(5):932-41. Inappropriate Intervention, Drug intervention study
- (325) Fujita T, Fujii Y, Munezane H, Ohue M, Takagi Y. Analgesic effect of raloxifene on back and knee pain in postmenopausal women with osteoporosis and/or osteoarthritis. *J Bone Miner Metab* 2010 July;28(4):477-84. Drug intervention study
- (326) Fujita T, Ohue M, Fujii Y, Miyauchi A, Takagi Y. The effect of active absorbable algal calcium (AAA Ca) with collagen and other matrix components on back and joint pain

and skin impedance. *Journal Of Bone And Mineral Metabolism* 2002;20(5):298-302.
Inappropriate Intervention, Drug intervention study

- (327) Fuzhong L, Harmer P, Fisher KJ, Junheng X, Fitzgerald K, Vongjaturapat N. Tai Chi-Based Exercise for Older Adults With Parkinson's Disease: A Pilot-Program Evaluation. *Journal of Aging & Physical Activity* 2007 April;15(2):139-51.
Inappropriate Intervention, Not a randomized controlled trial (RCT)
- (328) Gaines JM, Narrett M, Parrish JM. The effect of the addition of osteoporosis education to a bone health screening program for older adults. *Geriatr Nurs* 2010 September;31(5):348-60. Educational intervention
- (329) Galvao DA, Taaffe DR, Spry N, Joseph D, Turner D, Newton RU. Reduced muscle strength and functional performance in men with prostate cancer undergoing androgen suppression: a comprehensive cross-sectional investigation. *Prostate Cancer And Prostatic Diseases* 2009;12(2):198-203. Inappropriate Intervention, Cross-sectional study
- (330) Galvao DA, Taaffe DR. Resistance Training for the Older Adult: Manipulating Training Variables to Enhance Muscle Strength. *Strength & Conditioning Journal* (Allen Press) 2005 June;27(3):48-54. Review article
- (331) Gary MA. The effect of calorie restriction and exercise on the estrous cycle and BMD of nonovariectomized rats (Osteoporosis, deoxypyridinoline). *DAI* 1998;59(01B,):0020. Inappropriate Intervention, Animal study
- (332) Gates BJ, Sonnett TE, Duvall CAK, Dobbins EK. Review of osteoporosis pharmacotherapy for geriatric patients. *The American Journal Of Geriatric Pharmacotherapy* 2009 December;7(6):293-323. Review article
- (333) Gencay-Can A, Gunendi Z, Suleyman CS, Sepici V, Ceviker N. The effects of early aerobic exercise after single-level lumbar microdiscectomy: a prospective, controlled trial. *Eur J Phys Rehabil Med* 2010 December;46(4):489-96. Not a randomized controlled trial (RCT)
- (334) George SE, Ramalakshmi K, Mohan Rao LJ. A Perception on Health Benefits of Coffee. *Critical Reviews in Food Science & Nutrition* 2008 May;48(5):464-86. Not a BMD and/or ground reaction force topic
- (335) Gerber NJ, Rey B. Can exercise prevent osteoporosis? *British Journal Of Rheumatology* 1991 February;30(1):2-4. Review article
- (336) Giangregorio LM, Hicks AL, Webber CE, Phillips SM, Craven BC, Bugaresti JM, McCartney N. Body weight supported treadmill training in acute spinal cord injury: impact on muscle and bone. *Spinal Cord: The Official Journal Of The International Medical Society Of Paraplegia* 2005 November;43(11):649-57. Inappropriate Intervention, Not a randomized controlled trial (RCT)

- (337) Giaquinto S, Ciotola E, Margutti F. Gait during hydrokinesitherapy following total knee arthroplasty. *Disability & Rehabilitation* 2007 May 15;29(9):737-42. Inappropriate Intervention, Cohort Study
- (338) Gibson MV. Evaluation and treatment of bone disease after fragility fracture. *Geriatrics* 2008 July;63(7):21-30. Review article
- (339) Gillespie LD, Robertson MC, Gillespie WJ, Lamb SE, Gates S, Cumming RG, Rowe BH. Interventions for preventing falls in older people living in the community. *Cochrane Database Of Systematic Reviews (Online)* 2009;(2):CD007146. Review article
- (340) Gilsanz V, Wren TAL, Sanchez M, Dorey F, Judex S, Rubin C. Low-level, high-frequency mechanical signals enhance musculoskeletal development of young women with low BMD. *Journal Of Bone And Mineral Research: The Official Journal Of The American Society For Bone And Mineral Research* 2006 September;21(9):1464-74. Inappropriate Intervention, CT
- (341) Godard MP, Johnson BA, Richmond SR. Body composition and hormonal adaptations associated with forskolin consumption in overweight and obese men. *Obesity Research* 2005 August;13(8):1335-43. Inappropriate Intervention, Diet Intervention or Supplement Study
- (342) Gold DT, Shipp KM, Pieper CF, Duncan PW, Martinez S, Lyles KW. Group treatment improves trunk strength and psychological status in older women with vertebral fractures: results of a randomized, clinical trial. *Journal of the American Geriatrics Society* 2004 September;52(9):1471-8. Inappropriate Outcomes, No BMD data
- (343) Golden NH, Iglesias EA, Jacobson MS, Carey D, Meyer W, Schebendach J, Hertz S, Shenker IR. Alendronate for the treatment of osteopenia in anorexia nervosa: a randomized, double-blind, placebo-controlled trial. *The Journal Of Clinical Endocrinology And Metabolism* 2005 June;90(6):3179-85. Inappropriate Intervention, Study limited to children and/or adolescents
- (344) Goodman C, Davies S, Tai SS, Dinan S, Iliffe S. Promoting older peoples' participation in activity, whose responsibility? a case study of the response of health, local government and voluntary organizations. *Journal of Interprofessional Care* 2007 October;21(5):515-28. Not a BMD and/or ground reaction force topic
- (345) Gordon CM, Grace E, Emans SJ, Feldman HA, Goodman E, Becker KA, Rosen CJ, Gundberg CM, LeBoff MS. Effects of oral dehydroepiandrosterone on bone density in young women with anorexia nervosa: a randomized trial. *The Journal Of Clinical Endocrinology And Metabolism* 2002 November;87(11):4935-41. Inappropriate Intervention, Drug intervention study
- (346) Gosliner WA, Paula J, Yancey AK, Ritchie L, Studer N, Crawford PB. Impact of a Worksite Wellness Program on the Nutrition and Physical Activity Environment of

Child Care Centers. American Journal of Health Promotion 2010 January;24(3):186-9. Inappropriate Intervention, Not a randomized controlled trial (RCT)

- (347) Gough MR, Thibaud D, Smith RK. Tiludronate infusion in the treatment of bone spavin: a double blind placebo-controlled trial. Equine Vet J 2010 July;42(5):381-7. Animal study
- (348) Gough SAMA. The effects of estrogen, weight-loading, weight-bearing exercise and dietary calcium on femoral BMD in aged female rats. MAI 1992;31(01):0289. Inappropriate Intervention, Animal study
- (349) Gozansky WS, Van Pelt RE, Jankowski CM, Schwartz RS, Kohrt WM. Protection of bone mass by estrogens and raloxifene during exercise-induced weight Loss. The Journal Of Clinical Endocrinology And Metabolism 2005 January;90(1):52-9. Inappropriate Intervention, Not a randomized controlled trial (RCT)
- (350) Gracies JM, Singer BJ, Dunne JW. The role of botulinum toxin injections in the management of muscle overactivity of the lower limb. Disability & Rehabilitation 2007 December 15;29(23):1789-805. Review article
- (351) Grahn Kronhed AC, Moeller M. Effects of physical exercise on bone mass, balance skill and aerobic capacity in women and men with low BMD, after one year of training - a prospective study. Scandinavian Journal Of Medicine & Science In Sports 1998 October;8(5 Part 1):290-8. Inappropriate Intervention, Not a randomized controlled trial (RCT)
- (352) Gray RM. The effects of power and resistance training on BMD. DAI 2007;68(08B):5049. Inappropriate Comparison Group, No control group (NC)
- (353) Greendale GA, Hirsch SH, Hahn TJ. The effect of a weighted vest on perceived health status and bone density in older persons. Quality Of Life Research: An International Journal Of Quality Of Life Aspects Of Treatment, Care And Rehabilitation 1993 April;2(2):141-52. Inappropriate Intervention, Study less than 6 months
- (354) Greendale GA, Salem GJ, Young JT, Damesyn M, Marion M, Wang MY, Reuben DB. A randomized trial of weighted vest use in ambulatory older adults: strength, performance, and quality of life outcomes. Journal of the American Geriatrics Society 2000 March;48(3):305-11. Not a BMD and/or ground reaction force topic
- (355) Greene DA, Naughton GA. Calcium and vitamin-D supplementation on bone structural properties in peripubertal female identical twins: a randomised controlled trial. Osteoporos Int 2011 February;22(2):489-98. Study limited to children and/or adolescents
- (356) Gregg EW, Kriska AM, Salamone LM, Wolf RL, Roberts MM, Ferrell RE, Anderson SJ, Kuller LH, Cauley JA. Correlates of quantitative ultrasound in the Women's Healthy Lifestyle Project. Osteoporosis International: A Journal Established As Result Of Cooperation Between The European Foundation For Osteoporosis And The

National Osteoporosis Foundation Of The USA 1999;10(5):416-24. Inappropriate Intervention, Cross-sectional study

- (357) Grieger JA, Nowson CA. Use of calcium, folate, and vitamin D3-fortified milk for 6 months improves nutritional status but not bone mass or turnover, in a group of Australian aged care residents. *Journal of Nutrition for the Elderly* 2009 July;28(3):236-54. Inappropriate Intervention, Diet Intervention or Supplement Study
- (358) Grieger JA, Nowson CA, Jarman HF, Malon R, Ackland LM. Multivitamin supplementation improves nutritional status and bone quality in aged care residents. *European Journal Of Clinical Nutrition* 2009 April;63(4):558-65. Inappropriate Intervention, Diet Intervention or Supplement Study
- (359) Grossman J, MacLean CH. Quality indicators for the care of osteoporosis in vulnerable elders. *Journal of the American Geriatrics Society* 2007 October 2;55(S2):S392-S402. Review article
- (360) Grossmann M. Low testosterone in men with type 2 diabetes: significance and treatment. *J Clin Endocrinol Metab* 2011 August;96(8):2341-53. Review article
- (361) Grove CA. The effects of high-impact exercise versus low-impact exercise on bone density in postmenopausal women (Exercise). *DAI* 1990;51(08A,):2676. Same subjects as another study already included
- (362) Gruenewald DA, Matsumoto AM. Testosterone supplementation therapy for older men: potential benefits and risks. *Journal of the American Geriatrics Society* 2003 January;51(1):101-15. Review article
- (363) Guadalupe-Grau A, Fuentes T, Guerra B, Calbet JAL. Exercise and bone mass in adults. *Sports Medicine* 2009 June;39(6):439-68. Review article
- (364) Guijarro M, Valero C, Paule B, Gonzalez-Macias J, Riancho JA. Bone mass in young adults with Down syndrome. *Journal of Intellectual Disability Research* 2008 March;52(3):182-9. Inappropriate Intervention, Not a randomized controlled trial (RCT)
- (365) Gunter K, Baxter-Jones AD, Mirwald RL, Almstedt H, Fuchs RK, Durski S, Snow C. Impact exercise increases BMC during growth: an 8-year longitudinal study. *Journal of bone and mineral research : the official journal of the American Society for Bone and Mineral Research* 2008;23:986-93. Inappropriate Intervention, Study limited to children and/or adolescents
- (366) Gusi N, Raimundo A, Leal A. Low-frequency vibratory exercise reduces the risk of bone fracture more than walking: a randomized controlled trial. *BMC Musculoskeletal Disorders* 2006;7:92. Inappropriate Comparison Group, No non-intervention control group

- (367) Hadji P, Body JJ, Aapro MS, Brufsky A, Coleman RE, Guise T, Lipton A, Tubiana-Hulin M. Practical guidance for the management of aromatase inhibitor-associated bone loss. *Annals Of Oncology: Official Journal Of The European Society For Medical Oncology / ESMO* 2008 August;19(8):1407-16. Review article
- (368) Haff GG. Roundtable Discussion: Resistance Training and The Older Adult. *Strength & Conditioning Journal (Allen Press)* 2005 December;27(6):48-68. Review article
- (369) Haggans CJ, Hutchins AM, Olson BA, Thomas W, Martini MC, Slavin JL. Effect of flaxseed consumption on urinary estrogen metabolites in postmenopausal women. *Nutrition & Cancer* 1999 February;33(2):188. Not a BMD and/or ground reaction force topic
- (370) Hakkinen A, Sokka T, Kotaniemi A, Kautiainen H, Jappinen I, Laitinen L, Hannonen P. Dynamic strength training in patients with early rheumatoid arthritis increases muscle strength but not BMD. *The Journal Of Rheumatology* 1999 June;26(6):1257-63. Inappropriate Comparison Group, No non-intervention control group
- (371) Hakkinen A, Sokka T, Kotaniemi A, Hannonen P. A randomized two-year study of the effects of dynamic strength training on muscle strength, disease activity, functional capacity, and BMD in early rheumatoid arthritis. *Arthritis And Rheumatism* 2001 March;44(3):515-22. Inappropriate Comparison Group, No non-intervention control group
- (372) Hakkinen A, Sokka T, Kautiainen H, Kotaniemi A, Hannonen P. Sustained maintenance of exercise induced muscle strength gains and normal BMD in patients with early rheumatoid arthritis: a 5 year follow up. *Annals Of The Rheumatic Diseases* 2004 August;63(8):910-6. Inappropriate Comparison Group, No non-intervention control group
- (373) Hale L, Bray A, Littmann A. Assessing the balance capabilities of people with profound intellectual disabilities who have experienced a fall. *Journal of Intellectual Disability Research* 2007 April;51(Part 4):260-8. Not a BMD and/or ground reaction force topic
- (374) Hallal PC, Victora CG, Azevedo MR, Wells JCK. Adolescent Physical Activity and Health. *Sports Medicine* 2006 September;36(12):1019-30. Inappropriate Intervention, Study limited to children and/or adolescents
- (375) Hamner MB, Arana GW. Hyperprolactinaemia in Antipsychotic-Treated Patients: Guidelines for Avoidance and Management. *CNS Drugs* 1998 September;10(3):209-22. Not a BMD and/or ground reaction force topic
- (376) Hancock MJ. Invited commentary. *Phys Ther* 2010 September;90(9):1250-2. Editorial or letter or comment

- (377) Handoll HH, Sherrington C, Mak JC. Interventions for improving mobility after hip fracture surgery in adults. *Cochrane Database Syst Rev* 2011;(3):CD001704. Review article
- (378) Hans D, Genton L, Drezner MK, Schott AM, Pacifici R, Avioli L, Slosman DO, Meunier PJ. Monitored impact loading of the hip: initial testing of a home-use device. *Calcified Tissue International* 2002 August;71(2):112-20. No info on whether subjects were sedentary or active
- (379) Haq I, Murphy E, Dacre J. Osteoarthritis. *Postgraduate Medical Journal* 2003 July;79(933):377-83. Review article
- (380) Harada A. [Exercise for fall prevention and osteoporosis treatment]. *Nippon Rinsho Japanese Journal Of Clinical Medicine* 2006 September;64(9):1687-91. Review article
- (381) Harkness LS, Fiedler K, Sehgal AR, Oravec D, Lerner E. Decreased bone resorption with soy isoflavone supplementation in postmenopausal women. *Journal of Women's Health* (15409996) 2004 November;13(9):1000-7. Inappropriate Intervention, Diet Intervention or Supplement Study
- (382) Harlein J, Dassen T, Halfens RJG, Heinze C. Fall risk factors in older people with dementia or cognitive impairment: a systematic review. *Journal of Advanced Nursing* 2009 May;65(5):922-33. Review article
- (383) Hartard M, Haber P, Ilieva D, Preisinger E, Seidl G, Huber J. Systematic strength training as a model of therapeutic intervention: a controlled trial in postmenopausal women with osteopenia. *American Journal of Physical Medicine & Rehabilitation* 1996 January;75(1):21-8. Inappropriate Intervention, CT
- (384) Harvey L, Baillie R, Ritchie B, Simpson D, Pironello D, Glinsky J. Does three months of nightly splinting reduce the extensibility of the flexor pollicis longus muscle in people with tetraplegia? *Physiotherapy Research International* 2007 March;12(1):5-13. Not a BMD and/or ground reaction force topic
- (385) Hassinen M, Komulainen P, Lakka TA, Väänänen SB, Rauramaa R. Associations of Body Composition and Physical Activity with Balance and Walking Ability in the Elderly. *Journal of Physical Activity & Health* 2005 July;2(3):298. Inappropriate Intervention, Cross-sectional study
- (386) Hatori M, Hasegawa A, Adachi H, Shinozaki A, Hayashi R, Okano H, Mizunuma H, Murata K. The effects of walking at the anaerobic threshold level on vertebral bone loss in postmenopausal women. *Calcified Tissue International* 1993 June;52(6):411-4. No info on whether subjects were sedentary or active
- (387) Hawkins SA, Wiswell RA, Jaque SV, Constantino N, Marcell TJ, Tarpenning KM, Schroeder ET, Hyslop DM. The inability of hormone replacement therapy or chronic running to maintain bone mass in master athletes. *The Journals Of Gerontology Series*

- A, Biological Sciences And Medical Sciences 1999 September;54(9):M451-M455. Inappropriate Intervention, Cross-sectional study
- (388) Hayes WC, Myers ER. Biomechanical considerations of hip and spine fractures in osteoporotic bone. *Instructional Course Lectures* 1997;46:431-8. Review article
 - (389) Hecker TM, Aris RM. Management of Osteoporosis in Adults with Cystic Fibrosis. *Drugs* 2004 January 15;64(2):133-47. Review article
 - (390) Heikkinen J, Kyllonen E, Kurttila-Matero E, Wilen-Rosenqvist G, Lankinen KS, Rita H, Vaananen HK. HRT and exercise: effects on bone density, muscle strength and lipid metabolism. A placebo controlled 2-year prospective trial on two estrogen-progestin regimens in healthy postmenopausal women. *Maturitas* 1997 March;26(2):139-49. Drug intervention study, Inappropriate Comparison Group
 - (391) Heikkinen R, Vihriala E, Vainionpaa A, Korpelainen R, Jamsa T. Acceleration slope of exercise-induced impacts is a determinant of changes in bone density. *Journal Of Biomechanics* 2007;40(13):2967-74. Same subjects as another study already included
 - (392) Heinonen A, Sievanen H, Kannus P, Oja P, Vuori I. Effects of unilateral strength training and detraining on bone mineral mass and estimated mechanical characteristics of the upper limb bones in young women. *Journal Of Bone And Mineral Research: The Official Journal Of The American Society For Bone And Mineral Research* 1996 April;11(4):490-501. Inappropriate Intervention, CT
 - (393) Heinonen A, Kannus P, Siev+ñinen H, Pasanen M, Oja P, Vuori I. Good maintenance of high-impact activity-induced bone gain by voluntary, unsupervised exercises: An 8-month follow-up of a randomized controlled trial. *Journal Of Bone And Mineral Research: The Official Journal Of The American Society For Bone And Mineral Research* 1999 January;14(1):125-8. Follow-up Study
 - (394) Heinonen ARI. Exercise as an osteogenic stimulus. *DAI* 1997;59(04C,):0898. Same subjects as another study already included
 - (395) Helge EW, Aagaard P, Jakobsen MD, Sundstrup E, Randers MB, Karlsson MK, Krstrup P. Recreational football training decreases risk factors for bone fractures in untrained premenopausal women. *Scandinavian Journal Of Medicine & Science In Sports* 2010 April 2;20:31-9. Inappropriate Intervention, Study less than 6 months
 - (396) Helge EW, Kanstrup IL. Bone density in female elite gymnasts: impact of muscle strength and sex hormones. *Medicine and Science in Sports and Exercise* 2002 January;34(1):174-80. Inappropriate Intervention, Cross-sectional study
 - (397) Helms PJ. Corticosteroid-Sparing Options in the Treatment of Childhood Asthma. *Drugs* 2000 June 2;59(6):15-22. Inappropriate Intervention, Study limited to children and/or adolescents

- (398) Herbert RD, de NM, Kamper SJ. Stretching to prevent or reduce muscle soreness after exercise. *Cochrane Database Syst Rev* 2011;(7):CD004577. Review article
- (399) Hergenroeder AC. Bone mineralization, hypothalamic amenorrhea, and sex steroid therapy in female adolescents and young adults. *The Journal Of Pediatrics* 1995 May;126(5 Pt 1):683-9. Review article
- (400) Hernandez DI, Aguilo F, Jr. Bone densitometric profile among young adults in Puerto Rico: morphometric and SPA results. *Puerto Rico Health Sciences Journal* 1994 December;13(4):241-6. No aerobic exercise or WT intervention
- (401) Heyman E, Toutain C, Delamarche P, Berthon P, Briard D, Youssef H, DeKerdanet M, Gratas-Delamarche A. Exercise Training and Cardiovascular Risk Factors in Type 1 Diabetic Adolescent Girls. *Pediatric Exercise Science* 2007 November;19(4):408-19. Study limited to children and/or adolescents
- (402) Hicks AL, Ginis KAM. Treadmill training after spinal cord injury: It's not just about the walking. *Journal of Rehabilitation Research & Development* 2008 March;45(2):241-8. Inappropriate Intervention, Not a randomized controlled trial (RCT)
- (403) Hinton PS, Scott R, Donnelly JE, Smith BK, Bailey B. Total body bone mineral content and density during weight loss and maintenance on a low- or recommended-dairy weight-maintenance diet in obese men and women. *European Journal of Clinical Nutrition* 2010;64(4):392-9. Inappropriate Intervention, Diet Intervention or Supplement Study
- (404) Hoffman AR, Kuntze JE, Baptista J, Baum HBA, Baumann GP, Biller BMK, Clark RV, Cook D, Inzucchi SE, Kleinberg D, Klibanski A, Phillips LS, Ridgway EC, Robbins RJ, Schlechte J, Sharma M, Thorner MO, Vance ML. Growth hormone (GH) replacement therapy in adult-onset gh deficiency: effects on body composition in men and women in a double-blind, randomized, placebo-controlled trial. *The Journal Of Clinical Endocrinology And Metabolism* 2004 May;89(5):2048-56. Inappropriate Intervention, Drug intervention study
- (405) Holmes-Walker DJ, Woo H, Gurney H, Do VT, Chipps DR. Maintaining bone health in patients with prostate cancer. *The Medical Journal Of Australia* 2006 February 20;184(4):176-9. Review article
- (406) Hongo M, Itoi E, Sinaki M, Miyakoshi N, Shimada Y, Maekawa S, Okada K, Mizutani Y. Effect of low-intensity back exercise on quality of life and back extensor strength in patients with osteoporosis: a randomized controlled trial. *Osteoporosis International: A Journal Established As Result Of Cooperation Between The European Foundation For Osteoporosis And The National Osteoporosis Foundation Of The USA* 2007 October;18(10):1389-95. No BMD data
- (407) Honorato Perez J, Escolar Jurado M, Garcia Quetglas E. [Relationship between essential arterial hypertension and osteoporosis: impact of antihypertensive treatment on extracellular metabolism of calcium]. *Revista Clínica Española* 1999

August;199(8):523-9. Inappropriate Intervention, Not a randomized controlled trial (RCT)

- (408) Hooshmand S, Chai SC, Saadat RL, Payton ME, Brummel-Smith K, Arjmandi BH. Comparative effects of dried plum and dried apple on bone in postmenopausal women. *Br J Nutr* 2011 May 31;118:1-8. Diet Intervention or Supplement Study
- (409) Horea M. Refeeding in a rodent model of the female athlete triad. *DAI* 2004;65(02B):662. Animal study
- (410) Hosny IA, Elghawabi HS, Younan WB, Sabbour AA, Gobrial MA. Beneficial impact of aerobic exercises on BMD in obese premenopausal women under caloric restriction. *Skeletal Radiol* 2011 May 24. No non-intervention control group
- (411) Hough S. Osteoporosis Clinical Guideline. South African Medical Association--Osteoporosis Working Group. *South African Medical Journal = Suid-Afrikaanse Tydskrif Vir Geneeskunde* 2000 September;90(9 Pt 2):907-44. Review article
- (412) Hourigan SR, Nitz JC, Brauer SG, O'Neill S, Wong J, Richardson CA. Positive effects of exercise on falls and fracture risk in osteopenic women. *Osteoporosis International: A Journal Established As Result Of Cooperation Between The European Foundation For Osteoporosis And The National Osteoporosis Foundation Of The USA* 2008 July;19(7):1077-86. Inappropriate Intervention, Study less than 6 months
- (413) Houtkooper LB, Ritenbaugh C, Aickin M, Lohman TG, Going SB, Weber JL, Greaves KA, Boyden TW, Pamenter RW, Hall MC. Nutrients, body composition and exercise are related to change in BMD in premenopausal women. *The Journal Of Nutrition* 1995 May;125(5):1229-37. Inappropriate Intervention, Cross-sectional study
- (414) Hovell MF, Nichols JF, Irvin VL, Schmitz KE, Rock CL, Hofstetter CR, Keating K, Stark LJ. Parent/Child Training to Increase Preteens' Calcium, Physical Activity, and Bone Density: A Controlled Trial. *American Journal of Health Promotion* 2009 November;24(2):118-28. Inappropriate Intervention, Study limited to children and/or adolescents
- (415) Howe TE, Shea B, Dawson LJ, Downie F, Murray A, Ross C, Harbour RT, Caldwell LM, Creed G. Exercise for preventing and treating osteoporosis in postmenopausal women. *Cochrane Database Syst Rev* 2011;(7):CD000333. Review article
- (416) Hu JF, Zhao XH, Parpia B, Chen JS, Campbell TC. Assessment of a modified household food weighing method in a study of bone health in China. *European Journal Of Clinical Nutrition* 1994 June;48(6):442-52. Inappropriate Intervention, Diet Intervention Study
- (417) Huang H, Gau M, Lin W, Kernohan G. Assessing risk of falling in older adults. *Public Health Nursing* 2003 September;20(5):399-411. Inappropriate Intervention, Cross-sectional study

- (418) Huang H. A checklist for assessing the risk of falls among the elderly. *Journal of Nursing Research (Taiwan Nurses Association)* 2004 June;12(2):131-42. Inappropriate Intervention, Cross-sectional study
- (419) Huang TTK, McCrory MA. Dairy Intake, Obesity, and Metabolic Health in Children and Adolescents: Knowledge and Gaps. *Nutrition Reviews* 2005 March;63(3):71-80. Inappropriate Intervention, Study limited to children and/or adolescents
- (420) Huas D, Debiais F, Blotman F, Cortet B, Mercier F, Rousseaux C, Berger V, Gaudin AF, Cotte FE. Compliance and treatment satisfaction of post menopausal women treated for osteoporosis. Compliance with osteoporosis treatment. *BMC Womens Health* 2010;10:26. Cross-sectional study, Observational study
- (421) Huberty JL, Vener J, Waltman N, Ott C, Twiss J, Gross G, McGuire R, Dwyer A. Development of an instrument to measure adherence to strength training in postmenopausal breast cancer survivors. *Oncology Nursing Forum* 2009 September;36(5):E266-E273. Not a BMD and/or ground reaction force topic
- (422) Humphries B, Newton RU, Bronks R, Marshall S, McBride J, Triplett-McBride T, Hakkinen K, Kraemer WJ, Humphries N. Effect of exercise intensity on bone density, strength, and calcium turnover in older women. *Medicine and Science in Sports and Exercise* 2000 June;32(6):1043-50. Inappropriate Comparison Group, No non-intervention control group
- (423) Humphries B, Mummery K, Newton RU, Humphries N. Identifying bone mass and muscular changes. *Administrative Radiology Journal: AR* 2001;20(1):7-11. Inappropriate Comparison Group, No non-intervention control group
- (424) Humphries B, Fenning A, Dugan E, Guinane J, MacRae K. Whole-body vibration effects on BMD in women with or without resistance training. *Aviation, Space, And Environmental Medicine* 2009 December;80(12):1025-31. Inappropriate Intervention, Study less than 6 months
- (425) Hundrup YA, Thoning H, Rasmussen NK, Obel EB, Philip J. Use of hormone replacement therapy among Danish nurses at increased risk of osteoporosis. *International Journal of Behavioral Medicine* 2003 September;10(3):269-83. Inappropriate Intervention, Survey or questionnaire
- (426) Hurley BF, Roth SM. Strength training in the elderly: effects on risk factors for age-related diseases. / Entrainement de force chez la personne agee: effets sur les facteurs de risque pour les maladies liees a l'age. *Sports Medicine* 2000 October;30(4):249-68. Review article
- (427) Huuskonen J, Vaisanen SB, Kroger H, Jurvelin JS, Alhava E, Rauramaa R. Regular physical exercise and BMD: a four-year controlled randomized trial in middle-aged men. The DNASCO study. *Osteoporosis International: A Journal Established As Result Of Cooperation Between The European Foundation For Osteoporosis And The*

National Osteoporosis Foundation Of The USA 2001;12(5):349-55. No info on whether subjects were sedentary or active, Subjects allowed to continue previous exercise

- (428) Huuskonen J, Vaisanen SB, Kroger H, Jurvelin JS, Penttila I, Alhava E, Rauramaa R. Relation of sex hormones to BMD in middle-aged men during a 4 year exercise intervention trial. *Bone* 2002 July;31(1):51-6. Same subjects as another study already included
- (429) Iams HD. Diagnosis and Management of Marfan Syndrome. *Current Sports Medicine Reports* 2010 March;9(2):93-8. Not a BMD and/or ground reaction force topic
- (430) Ianc D, Serbescu C, Bembea M, Benhamou L, Lespessailles E, Courteix D. Effects of an Exercise Program and a Calcium Supplementation on Bone in Children: A Randomized Control Trial. *International Journal of Sport Nutrition & Exercise Metabolism* 2006 December;16(6):580-96. Inappropriate Intervention, Study limited to children and/or adolescents
- (431) Ibrahim AI, Hawamdeh ZM, Alsharif AA. Evaluation of BMD in children with perinatal brachial plexus palsy: Effectiveness of weight bearing and traditional exercises. *Bone* 2011 September;49(3):499-505. Study limited to children and/or adolescents
- (432) Ilich JZ, Brownbill RA, Coster DC. Higher habitual sodium intake is not detrimental for bones in older women with adequate calcium intake. *Eur J Appl Physiol* 2010 July;109(4):745-55. Diet Intervention or Supplement Study
- (433) Ingram C, Courneya KS, Kingston D. The effects of exercise on body weight and composition in breast cancer survivors: an integrative systematic review. *Oncology Nursing Forum* 2006 September;33(5):937-50. Review article
- (434) Inouye SK, Studenski S, Tinetti ME, Kuchel GA. Geriatric syndromes: clinical, research, and policy implications of a core geriatric concept. *Journal of the American Geriatrics Society* 2007 May;55(5):780-91. Review article
- (435) Irwin ML, Varma K, Alvarez-Reeves M, Cadmus L, Wiley A, Chung GG, DiPietro L, Mayne ST, Yu H. Randomized controlled trial of aerobic exercise on insulin and insulin-like growth factors in breast cancer survivors: the Yale Exercise and Survivorship study. *Cancer Epidemiology, Biomarkers & Prevention: A Publication Of The American Association For Cancer Research, Cosponsored By The American Society Of Preventive Oncology* 2009 January;18(1):306-13. Same subjects as another study already included, No BMD data
- (436) Irwin ML, Alvarez-Reeves M, Cadmus L, Mierzejewski E, Mayne ST, Yu H, Chung GG, Jones B, Knopf MT, DiPietro L. Exercise improves body fat, lean mass, and bone mass in breast cancer survivors. *Obesity (Silver Spring, Md)* 2009 August;17(8):1534-41. Inappropriate Outcomes, Subjects allowed to continue previous exercise

- (437) Iuliano BS, Saxon L, Naughton G, Gibbons K, Bass SL. Regional specificity of exercise and calcium during skeletal growth in girls: a randomized controlled trial. *Journal of bone and mineral research : the official journal of the American Society for Bone and Mineral Research* 2003;18:156-62. Inappropriate Intervention, Study limited to children and/or adolescents
- (438) Iwamoto J, Takeda T, Otani T, Yabe Y. Effect of increased physical activity on BMD in postmenopausal osteoporotic women. *The Keio Journal Of Medicine* 1998 September;47(3):157-61. Inappropriate Intervention, CT
- (439) Iwamoto J, Takeda T, Sato Y, Uzawa M. Effect of whole-body vibration exercise on lumbar BMD, bone turnover, and chronic back pain in post-menopausal osteoporotic women treated with alendronate. *Aging Clinical And Experimental Research* 2005 April;17(2):157-63. Not a BMD and/or ground reaction force topic
- (440) Jamison JR. Reducing the personal risk of perceived disease: the chiropractic patients' self-care endeavor. *Journal of Manipulative & Physiological Therapeutics* 2001 July;24(6):378-84. Not a BMD and/or ground reaction force topic
- (441) Jamsa T, Vainionpaa A, Korpelainen R, Vihriala E, Leppaluoto J. Effect of daily physical activity on proximal femur. *Clinical Biomechanics* 2006;21(1):1-7. Same subjects as another study already included
- (442) Jarska K, Szczepanowska E, Chudecka M, Sienko E, Roman D. Zmiany składu ciała i tetna u kobiet w systematycznej serii wysiłków fizycznych na platformie wibracyjnej. / Changes in body composition and heart rate in women after systematic static physical exertion on a vibraplate. *Medycyna Sportowa* 2009 March;25(2):106-14. Inappropriate Intervention, Study less than 6 months
- (443) Jarvinen TLN, Jarvinen TAH, Sievanen H, Heinonen A, Tanner M, Huang XH, Nenonen A, Isola JJ, Jarvinen M, Kannus P. Vitamin D receptor alleles and bone's response to physical activity. *Calcified Tissue International* 1998;62:413-7. Same subjects as another study already included
- (444) Jarvis B, Markham A. Montelukast: A Review of its Therapeutic Potential in Persistent Asthma. *Drugs* 2000 April;59(4):891-928. Review article
- (445) Johannes d. Bone health and osteoporosis in postmenopausal women. *Best Practice and Research: Clinical Obstetrics and Gynaecology* 2009;23(1):73-85. Review article
- (446) Johannsson G. Treatment of Growth Hormone Deficiency in Adults. *Hormone Research* 2009 January 2;71:116-22. Review article
- (447) Jones LM, Legge M, Goulding A. Intensive exercise may preserve bone mass of the upper limbs in spinal cord injured males but does not retard demineralisation of the lower body. *Spinal Cord: The Official Journal Of The International Medical Society Of Paraplegia* 2002 May;40(5):230-5. Inappropriate Intervention, Cross-sectional study

- (448) Jones MC. The effects of exercise and dietary calcium on bone growth and calcium absorption in young, female rats. *DAI* 1995;56(09B.):4820. Inappropriate Intervention, Animal study
- (449) Jordan MJ, Norris SR, Smith DJ, Herzog W. Vibration training: An overview of the area, training consequences, and future considerations. *Journal of Strength & Conditioning Research* (Allen Press Publishing Services Inc) 2005 May;19(2):459-66. Review article
- (450) Josse AR, Tang JE, Tarnopolsky MA, Phillips SM. Body composition and strength changes in women with milk and resistance exercise. *Med Sci Sports Exerc* 2010 June;42(6):1122-30. Study less than 6 months, No non-intervention control group
- (451) Judge JO, Kleppinger A, Kenny A, Smith JA, Biskup B, Marcella G. Home-based resistance training improves femoral BMD in women on hormone therapy. *Osteoporosis International: A Journal Established As Result Of Cooperation Between The European Foundation For Osteoporosis And The National Osteoporosis Foundation Of The USA* 2005 September;16(9):1096-108. Inappropriate Comparison Group, No non-intervention control group
- (452) Kalapotharakos VI, Michalopoulou M, Godolias G, Tokmakidis SP, Malliou PV, Gourgoulis V. The Effects of High- and Moderate-Resistance Training on Muscle Function in the Elderly. *Journal of Aging & Physical Activity* 2004 April;12(2):131-43. Inappropriate Intervention, Study less than 6 months
- (453) Kamide N, Shiba Y, Shibata H. Effects on balance, falls, and BMD of a home-based exercise program without home visits in community-dwelling elderly women: a randomized controlled trial. *Journal Of Physiological Anthropology* 2009;28(3):115-22. Inappropriate Intervention, No BMD data
- (454) Kanemaru A, Arahata K, Ohta T, Katoh T, Tobimatsu H, Horiuchi T. The efficacy of home-based muscle training for the elderly osteoporotic women: the effects of daily muscle training on quality of life (QoL). *Arch Gerontol Geriatr* 2010 September;51(2):169-72. No info on whether subjects were sedentary or active
- (455) Kann PH. Growth hormone in anti-aging medicine: a critical review. *Aging Male* 2003 December;6(4):257-63. Not a BMD and/or ground reaction force topic
- (456) Kannus P, Natri A, Paakkala T, Jarvinen M. An outcome study of chronic patellofemoral pain syndrome. Seven-year follow-up of patients in a randomized, controlled trial. *The Journal Of Bone And Joint Surgery American Volume* 1999 March;81(3):355-63. Drug intervention study
- (457) Kano K, Nishikura K, Yamada Y, Arisaka O. No effect of fluvastatin on the BMD of children with minimal change glomerulonephritis and some focal mesangial cell proliferation, other than an ameliorating effect on their proteinuria. *Clinical Nephrology* 2005 February;63(2):74-9. Inappropriate Intervention, Study limited to children and/or adolescents

- (458) Karinkanta S, Heinonen A, Sievanen H, Uusi-Rasi K, Pasanen M, Ojala K, Fogelholm M, Kannus P. A multi-component exercise regimen to prevent functional decline and bone fragility in home-dwelling elderly women: randomized, controlled trial. *Osteoporosis International: A Journal Established As Result Of Cooperation Between The European Foundation For Osteoporosis And The National Osteoporosis Foundation Of The USA* 2007 April;18(4):453-62. No BMD data
- (459) Karinkanta S, Heinonen A, Sievanen H, Uusi-Rasi K, Fogelholm M, Kannus P. Maintenance of exercise-induced benefits in physical functioning and bone among elderly women. *Osteoporosis International: A Journal Established As Result Of Cooperation Between The European Foundation For Osteoporosis And The National Osteoporosis Foundation Of The USA* 2009 April;20(4):665-74. Follow-up Study
- (460) Karlsson M, Bass S, Seeman E. The evidence that exercise during growth or adulthood reduces the risk of fragility fractures is weak. *Best Practice & Research Clinical Rheumatology* 2001 July;15(3):429-50. Review article
- (461) Karlsson M. Has exercise an antifracture efficacy in women? *Scandinavian Journal Of Medicine & Science In Sports* 2004 February;14(1):2-15. Review article
- (462) Karlsson M. [Exercise increases bone mass in children but only insignificantly in adults]. *Läkartidningen* 2002 August 29;99(35):3400-5. Inappropriate Intervention, Study limited to children and/or adolescents
- (463) Karlsson M. Does exercise reduce the burden of fractures? *Acta Orthopaedica Scandinavica* 2002 December;73(6):691-705. Review article
- (464) Karlsson M, Stenevi-Lundgren S, Linden C, Gardsell P. [Daily exercise strengthens the skeleton]. *Läkartidningen* 2006 October 4;103(40):2979-80. Inappropriate Intervention, Study limited to children and/or adolescents
- (465) Karlsson MK, Nordqvist A, Karlsson C. Physical activity increases bone mass during growth. *Food & Nutrition Research* 2008 March;52(1):1-10. Review article
- (466) Katan Mart, Roos Nico. Promises and Problems of Functional Foods. *Critical Reviews in Food Science & Nutrition* 2004 September;44(5):369-77. Not a BMD and/or ground reaction force topic
- (467) Kato M, Izumi K, Hiramatsu T, Shogenji M. Development of an exercise program for fall prevention for elderly persons in a long-term care facility. *Japan Journal of Nursing Science* 2006 December;3(2):107-17. Inappropriate Intervention, Study less than 6 months
- (468) Kato T, Terashima T, Yamashita T, Hatanaka Y, Honda A, Umemura Y. Effect of low-repetition jump training on BMD in young women. *Journal Of Applied Physiology (Bethesda, Md : 1985)* 2006 March;100(3):839-43. No info on whether subjects were sedentary or active

- (469) Kawasaki T, Kurosawa H, Ikeda H, Kim SG, Osawa A, Takazawa Y, Kubota M, Ishijima M. Additive effects of glucosamine or risedronate for the treatment of osteoarthritis of the knee combined with home exercise: a prospective randomized 18-month trial. *Journal Of Bone And Mineral Metabolism* 2008;26(3):279-87. No non-intervention control group
- (470) Kayalar G, Cevikol A, Yavuzer G, Sanisoglu Y, Cakci A, Arasil T. The value of calcaneal bone mass measurement using a dual X-ray laser Calscan device in risk screening for osteoporosis. *Clinics (São Paulo, Brazil)* 2009;64(8):757-62. Inappropriate Intervention, Cross-sectional study
- (471) Kearns AE, Northfelt DW, Dueck AC, Atherton PJ, Dakhil SR, Rowland KM, Jr., Fuloria J, Flynn PJ, Dentchev T, Loprinzi CL. Osteoporosis prevention in prostate cancer patients receiving androgen ablation therapy: placebo-controlled double-blind study of estradiol and risedronate: N01C8. *Supportive Care In Cancer: Official Journal Of The Multinational Association Of Supportive Care In Cancer* 2010 March;18(3):321-8. Drug intervention study
- (472) Kelley GA. Exercise and regional BMD in postmenopausal women: a meta-analytic review of randomized trials. *American Journal Of Physical Medicine & Rehabilitation / Association Of Academic Physiatrists* 1998 January;77(1):76-87. Review article
- (473) Kelley GA, Kelley KS. Exercise and BMD at the femoral neck in postmenopausal women: a meta-analysis of controlled clinical trials with individual patient data. *American Journal of Obstetrics & Gynecology* 2006 March;194(3):760-7. Review article
- (474) Kelley GA, Kelley KS, Tran ZV. Exercise and lumbar spine BMD in postmenopausal women: a meta-analysis of individual patient data. *The Journals Of Gerontology Series A, Biological Sciences And Medical Sciences* 2002 September;57(9):M599-M604. Review article
- (475) Kelley GA, Kelley KS. Efficacy of resistance exercise on lumbar spine and femoral neck BMD in premenopausal women: a meta-analysis of individual patient data. *Journal Of Women's Health (2002)* 2004 April;13(3):293-300. Review article
- (476) Kelsey JL, Bachrach LK, Procter-Gray E, Nieves J, Greendale GA, Sowers M, Brown BW, Jr., Matheson KA, Crawford SL, Cobb KL. Risk factors for stress fracture among young female cross-country runners. *Medicine & Science in Sports & Exercise* 2007 September;39(9):1457-63. Follow-up Study
- (477) Kemmler W, Engelke K, Lauber D, Weineck J, Hensen J, Kalender WA. Exercise effects on fitness and BMD in early postmenopausal women: 1-year EFOPS results. *Medicine & Science in Sports & Exercise* 2002 December;34(12):2115-23. Not a randomized controlled trial (RCT)
- (478) Kemmler W, Engelke K, Weineck J, Hensen J, Kalender WA. The Erlangen Fitness Osteoporosis Prevention Study: a controlled exercise trial in early postmenopausal

women with low bone density -- first-year results. *Archives of Physical Medicine & Rehabilitation* 2003 May;84(5):673-82. Not a randomized controlled trial (RCT)

- (479) Kemmler W, Engelke K, von Stengel S, Weineck J, Lauber D, Kalender WA. Long-term four-year exercise has a positive effect on menopausal risk factors: the Erlangen Fitness Osteoporosis Prevention Study. *Journal of Strength & Conditioning Research* (Allen Press Publishing Services Inc) 2007 February;21(1):232-9. Not a randomized controlled trial (RCT)
- (480) Kemmler W, Bebenek M, von SS, Engelke K, Kalender WA. Effect of block-periodized exercise training on bone and coronary heart disease risk factors in early post-menopausal women: a randomized controlled study. *Scand J Med Sci Sports* 2011 June 2. Same subjects as another study already included
- (481) Kemmler W, Stengel S. Exercise and osteoporosis-related fractures: perspectives and recommendations of the sports and exercise scientist. *Phys Sportsmed* 2011 February;39(1):142-57. Review article
- (482) Kemper HCG. Skeletal development during childhood and adolescence and the effects of physical activity. / Developpement osseux au cours de l'enfance et de l'adolescence et effets de l'activite physique. *Pediatric Exercise Science* 2000 May;12(2):198-216. Inappropriate Intervention, Study limited to children and/or adolescents
- (483) Kennedy HL. Effect of exercise on bone density and body composition during lactation. *MAI* 2006;44(06):2768. Inappropriate Intervention, Study less than 6 months
- (484) Kenny AM, Prestwood KM, Gruman CA, Marcello KM, Raisz LG. Effects of transdermal testosterone on bone and muscle in older men with low bioavailable testosterone levels. *The Journals Of Gerontology Series A, Biological Sciences And Medical Sciences* 2001 May;56(5):M266-M272. Drug intervention study
- (485) Kenny AM, Kleppinger A, Wang Y, Prestwood KM. Effects of ultra-low-dose estrogen therapy on muscle and physical function in older women. *Journal of the American Geriatrics Society* 2005 November;53(11):1973-7. Drug intervention study
- (486) Kenny AM, Smith J, Noteroglu E, Waynik IY, Ellis C, Kleppinger A, Annis K, Dauser D, Walsh S. Osteoporosis risk in frail older adults in assisted living. *Journal of the American Geriatrics Society* 2009;57(1):76-81. Inappropriate Intervention, Cross-sectional study
- (487) Kenny AM, Boxer RS, Kleppinger A, Brindisi J, Feinn R, Burleson JA. Dehydroepiandrosterone combined with exercise improves muscle strength and physical function in frail older women. *J Am Geriatr Soc* 2010 September;58(9):1707-14. No non-intervention control group
- (488) Keogh JWL, Kilding A, Pidgeon P, Ashley L, Gillis D. Physical Benefits of Dancing for Healthy Older Adults: A Review. *Journal of Aging & Physical Activity* 2009 October;17(4):479-500. Review article

- (489) Kerschman-Shindl K, Uher E, Kainberger F, Kaider A, Ghanem AH, Preisinger E. Long-term home exercise program: effect in women at high risk of fracture. *Archives Of Physical Medicine And Rehabilitation* 2000 March;81(3):319-23. Inappropriate Intervention, Not a randomized controlled trial (RCT)
- (490) Kerschman K, Alacamlioglu Y, Kollmitzer J, W+iber C, Kaider A, Hartard M, Ghanem AH, Preisinger E. Functional impact of unvarying exercise program in women after menopause. *American Journal Of Physical Medicine & Rehabilitation / Association Of Academic Physiatrists* 1998 July;77(4):326-32. Inappropriate Intervention, Follow-up Study
- (491) Kessel B. Hip fracture prevention in postmenopausal women. *Obstetrical & Gynecological Survey* 2004 June;59(6):446-55. Review article
- (492) Kessenich CR, Guyatt GH, Rosen CJ. Health-related quality of life and participation in osteoporosis clinical trials. *Calcified Tissue International* 1998 March;62(3):189-92. Survey or questionnaire
- (493) Kessenich C. An approach to postmenopausal osteoporosis treatment: a case study review. *Journal Of The American Academy Of Nurse Practitioners* 2003 December;15(12):539-45. Inappropriate Intervention, Case-Control / Case Study
- (494) Khong S, Savic G, Gardner BP, Ashworth F. Hormone replacement therapy in women with spinal cord injury-a survey with literature review. *Spinal Cord* 2005 February;43(2):67-73. Survey or questionnaire
- (495) Kiefer D. Guys Need Strong Bones Too: Calcium Is Not Just for Women Anymore. *Alternative Medicine Alert* 2009 March;12(3):25-7. Inappropriate Intervention, Diet Intervention or Supplement Study
- (496) Kilbreath S, Refshauge KM, Beith J, Ward L, Sawkins K, Paterson R, Clifton-Bligh P, Sambrook PN, Simpson JM, Nery L. Prevention of osteoporosis as a consequence of aromatase inhibitor therapy in postmenopausal women with early breast cancer: Rationale and design of a randomized controlled trial. *Contemp Clin Trials* 2011 September;32(5):704-9. Not an exercise intervention study
- (497) Kingwell E. The effects of BMD testing on health related behaviours in a randomly selected population of Canadians. *DAI* 2007;68(10B):6615. Inappropriate Intervention, Not a randomized controlled trial (RCT)
- (498) Kirkwood RN, Culham EG, Costigan P. Hip moments during level walking, stair climbing, and exercise in individuals aged 55 years or older. *Physical Therapy* 1999 April;79(4):360-70. Inappropriate Intervention, Not a randomized controlled trial (RCT)
- (499) Kleerup E. Quality indicators for the care of chronic obstructive pulmonary disease in vulnerable elders. *Journal of the American Geriatrics Society* 2007 October 2;55(S2):S270-S276. Review article

- (500) Knols RH, de Bruin ED, Uebelhart D, Aufdemkampe G, Schanz U, Stenner-Liewen F, Hitz F, Taverna C, Aaronson NK. Effects of an outpatient physical exercise program on hematopoietic stem-cell transplantation recipients: a randomized clinical trial. *Bone Marrow Transplant* 2010 December 6. Study less than 6 months
- (501) Kohrt WM, Snead DB, Slatopolsky E, Birge SJ, Jr. Additive effects of weight-bearing exercise and estrogen on BMD in older women. *Journal Of Bone And Mineral Research: The Official Journal Of The American Society For Bone And Mineral Research* 1995 September;10(9):1303-11. Inappropriate Intervention, CT
- (502) Kohrt WM, Ehsani AA, Birge SJ, Jr. Effects of exercise involving predominantly either joint-reaction or ground-reaction forces on BMD in older women. *Journal Of Bone And Mineral Research: The Official Journal Of The American Society For Bone And Mineral Research* 1997 August;12(8):1253-61. Not a randomized controlled trial (RCT)
- (503) Kohrt WM, Barry DW, Van P, Jankowski CM, Wolfe P, Schwartz RS. Timing of ibuprofen use and BMD adaptations to exercise training. *Journal of Bone and Mineral Research* 2010;25(6):1415-22. Inappropriate Intervention, Drug intervention study
- (504) Koike T. [Fracture prevention for the elderly--fall prevention and hip protector]. *Nippon Rinsho Japanese Journal Of Clinical Medicine* 2007 November 28;65 Suppl 9:593-6. Review article
- (505) Kolewaski CD, Mullally MC, Parsons TL, Paterson ML, Toffelmire EB, King-Van Vlack CE. Quality of life and exercise rehabilitation in end stage renal disease. *CANNT Journal* 2005 October;15(4):22-9. Inappropriate Intervention, Not a randomized controlled trial (RCT)
- (506) Kolt GS, Driver RP, Giles LC. Why Older Australians Participate in Exercise and Sport. *Journal of Aging & Physical Activity* 2004 April;12(2):185-98. Survey or questionnaire
- (507) Koltowska-Haggstrom M, Hennessy S, Mattsson AF, Monson JP, Kind P. Quality of Life Assessment of Growth Hormone Deficiency in Adults (QoL-AGHDA): Comparison of Normative Reference Data for the General Population of England and Wales with Results for Adult Hypopituitary Patients with Growth Hormone Deficiency. *Hormone Research* 2005 July;64(1):46-54. Survey or questionnaire
- (508) Konradi DB, Anglin LT. Walking for exercise self-efficacy appraisal process: use of a focus group methodology. *Journal of Gerontological Nursing* 2003 May;29(5):29-37. Survey or questionnaire
- (509) Kontulainen S, Heinonen A, Kannus P, Pasanen M, Sievanen H, Vuori I. Former exercisers of an 18-month intervention display residual aBMD benefits compared with control women 3.5 years post-intervention: a follow-up of a randomized controlled high-impact trial. *Osteoporosis International: A Journal Established As Result Of Cooperation Between The European Foundation For Osteoporosis And The National Osteoporosis Foundation Of The USA* 2004 March;15(3):248-51. Follow-up Study

- (510) Korpelainen R, Keinanen-Kiukaanniemi S, Nieminen P, Heikkinen J, Vaananen K, Korpelainen J. Long-term outcomes of exercise: follow-up of a randomized trial in older women with osteopenia. *Arch Intern Med* 2010 September 27;170(17):1548-56. Inappropriate Intervention, Follow-up Study
- (511) Korpelainen R, Keinanen-Kiukaanniemi S, Heikkinen J, Vaananen K, Korpelainen J. Effect of exercise on extraskeletal risk factors for hip fractures in elderly women with low BMD: a population-based randomized controlled trial. *Journal Of Bone And Mineral Research: The Official Journal Of The American Society For Bone And Mineral Research* 2006 May;21(5):772-9. Same subjects as another study already included
- (512) Korpelainen R, Keinanen-Kiukaanniemi S, Heikkinen J, Vaananen K, Korpelainen J. Effect of impact exercise on BMD in elderly women with low BMD: a population-based randomized controlled 30-month intervention. *Osteoporosis International: A Journal Established As Result Of Cooperation Between The European Foundation For Osteoporosis And The National Osteoporosis Foundation Of The USA* 2006 January;17(1):109-18. No info on whether subjects were sedentary or active
- (513) Kraemer K, Waelti M, de Pee S, Moench-Pfanner R, Hathcock JN, Bloem MW, Semba RD. Are low tolerable upper intake levels for vitamin A undermining effective food fortification efforts? *Nutrition Reviews* 2008 September;66(9):517-25. Review article
- (514) Kreider RB, Ferreira MP, Greenwood M, Wilson M, Almada AL. Effects of conjugated linoleic acid supplementation during resistance training on body composition, bone density, strength, and selected hematological markers. *Journal of Strength & Conditioning Research (Allen Press Publishing Services Inc)* 2002 August;16(3):325-34. Inappropriate Intervention, Diet Intervention or Supplement Study
- (515) Kreider RB, Almada AL, Antonio J, Broeder C, Earnest C, Greenwood L, Greenwood M, Incledon T, Kalman DS, Kerksick C, Kleiner SM, Leutholtz B, Lowery LM, Mendel R, Rasmussen CJ, Stout JR, Weir JP, Willoughby DS, Ziegenfuss TN. Exercise and Sport Nutrition: A Balanced Perspective for Exercise Physiologists. *Professionalization of Exercise Physiology* 2003 October;6(10):13. Review article
- (516) Kritz-Silverstein D, von Muhlen D, Laughlin GA, Bettencourt R. Effects of dehydroepiandrosterone supplementation on cognitive function and quality of life: the DHEA and Well-Ness (DAWN) trial. *Journal of the American Geriatrics Society* 2008 July;56(7):1292-8. Inappropriate Intervention, Diet Intervention or Supplement Study
- (517) Kronhed AG, Knutsson I, Lofman O, Timpka T, Toss G, Moller M. Is calcaneal stiffness more sensitive to physical activity than forearm BMD? A population-based study of persons aged 20-79 years. *Scandinavian Journal of Public Health* 2004 October;32(5):333-9. Inappropriate Intervention, Not a randomized controlled trial (RCT)
- (518) Krstrup P, Hansen PR, Andersen LJ, Jakobsen MD, Sundstrup E, Randers MB, Christiansen L, Helge EW, Pedersen MT, Sogaard P, Junge A, Dvorak J, Aagaard P,

Bangsbo J. Long-term musculoskeletal and cardiac health effects of recreational football and running for premenopausal women. *Scandinavian Journal Of Medicine & Science In Sports* 2010 April 2;20:58-71. Inappropriate Outcomes

- (519) Kuennen MR. Risk Factors for Bone Mineral Degradation in Young Female Dancers. *Journal of Dance Medicine & Science* 2007 November;11(4):124-8. Review article
- (520) Kuerzi J, Brown EH, Shum-Siu A, Siu A, Burke D, Morehouse J, Smith RR, Magnuson DS. Task-specificity vs. ceiling effect: step-training in shallow water after spinal cord injury. *Exp Neurol* 2010 July;224(1):178-87. Animal study
- (521) Kukuljan S, Nowson CA, Sanders K, Daly RM. Effects of resistance exercise and fortified milk on skeletal muscle mass, muscle size, and functional performance in middle-aged and older men: an 18-mo randomized controlled trial. *Journal Of Applied Physiology (Bethesda, Md : 1985)* 2009 December;107(6):1864-73. No BMD data
- (522) Kulak CA, Bilezikian JP. Osteoporosis: preventive strategies. *International Journal Of Fertility And Women's Medicine* 1998 March;43(2):56-64. Review article
- (523) Kun Z, Bruce D, Austin N, Devine A, Ebeling PR, Prince RL. Randomized Controlled Trial of the Effects of Calcium With or Without Vitamin D on Bone Structure and Bone-Related Chemistry in Elderly Women With Vitamin D Insufficiency. *Journal of Bone & Mineral Research* 2008 August;23(8):1343-8. Inappropriate Intervention, Diet Intervention or Supplement Study
- (524) Kwon J, Suzuki T, Yoshida H, Kim H, Yoshida Y, Iwasa H, Sugiura M, Furuna T. Association between change in BMD and decline in usual walking speed in elderly community-dwelling Japanese women during 2 years of follow-up. *Journal of the American Geriatrics Society* 2007 February;55(2):240-4. Inappropriate Intervention, Cohort Study
- (525) Lachman ME, Jette A. A cognitive-behavioural model for promoting regular physical activity in older adults. *Psychology, Health & Medicine* 1997 October;2(3):251. Review article
- (526) Ladson G, Dodson WC, Sweet SD, Archibong AE, Kunselman AR, Demers LM, Williams NI, Coney P, Legro RS. The effects of metformin with lifestyle therapy in polycystic ovary syndrome: a randomized double-blind study. *Fertil Steril* 2011 March 1;95(3):1059-66. Multiple interventions, No non-intervention control group
- (527) Lamb JJ, Holick MF, Lerman RH, Konda VR, Minich DM, Desai A, Chen TC, Austin M, Kornberg J, Chang JL, Hsi A, Bland JS, Tripp ML. Nutritional supplementation of hop rho iso-alpha acids, berberine, vitamin D, and vitamin K produces a favorable bone biomarker profile supporting healthy bone metabolism in postmenopausal women with metabolic syndrome. *Nutr Res* 2011 May;31(5):347-55. Diet Intervention or Supplement Study, Study less than 6 months

- (528) Lamberts SWJ. The endocrinology of gonadal involution: menopause and andropause. *Annales D'endocrinologie* 2003 April;64(2):77-81. Not a BMD and/or ground reaction force topic
- (529) Langendonck Lv, Claessens AL, Lysens R, Koninckx PR, Beunen G. Association between bone, body composition and strength in premenarcheal girls and postmenopausal women. *Annals of Human Biology* 2004 March;31(2):228-44. Inappropriate Intervention, Not a randomized controlled trial (RCT)
- (530) Lanou AJ, Berkow SE, Barnard ND. Calcium, dairy products, and bone health in children and young adults: a reevaluation of the evidence. *Pediatrics* 2005 March;115(3):736-43. Inappropriate Intervention, Study limited to children and/or adolescents
- (531) Lanou AJ, Barnard ND. Dairy and weight loss hypothesis: an evaluation of the clinical trials. *Nutrition Reviews* 2008 May;66(5):272-9. Review article
- (532) Lanou AJ, Berkow SE, Barnard ND. Calcium, dairy products, and bone health in children and young adults: a reevaluation of the evidence. *Pediatrics* 2005 March;115(3):736-43. Inappropriate Intervention, Study limited to children and/or adolescents
- (533) Latham NK, Anderson CS, Reid IR. Effects of vitamin D supplementation on strength, physical performance, and falls in older persons: a systematic review. *Journal of the American Geriatrics Society* 2003 September;51(9):1219-26. Review article
- (534) Lau EM, Woo J, Leung PC, Swaminathan R, Leung D. The effects of calcium supplementation and exercise on bone density in elderly Chinese women. *Osteoporosis International: A Journal Established As Result Of Cooperation Between The European Foundation For Osteoporosis And The National Osteoporosis Foundation Of The USA* 1992 July;2(4):168-73. No info on whether subjects were sedentary or active
- (535) Lau HM, Wing Chiu TT, Lam TH. The effectiveness of thoracic manipulation on patients with chronic mechanical neck pain - a randomized controlled trial. *Man Ther* 2011 April;16(2):141-7. Not a BMD and/or ground reaction force topic
- (536) Lauer RT, Smith BT, Mulcahey MJ, Betz RR, Johnston TE. Effects of cycling and/or electrical stimulation on BMD in children with spinal cord injury. *Spinal Cord* 2011 August;49(8):917-23. Study limited to children and/or adolescents
- (537) Le Panse B, Arlettaz A, Portier H, Lecoq AM, De Ceaurriz J, Collomp K. Short term salbutamol ingestion and supramaximal exercise in healthy women. *British Journal of Sports Medicine* 2006 July;40(7):627-31. Inappropriate Intervention, Study less than 6 months
- (538) Lenzner A, Kaur I, Haviko T, Sogel V, Gapejeva J, Erelina J, Paasuke M. Impaction bone-grafting increases the holding power of cancellous screws in the femoral head.

Acta Orthopaedica Scandinavica 1999 February;70(1):25. Not a BMD and/or ground reaction force topic

- (539) Lester ME, Urso ML, Evans RK, Pierce JR, Spiering BA, Maresh CM, Hatfield DL, Kraemer WJ, Nindl BC. Influence of exercise mode and osteogenic index on bone biomarker responses during short-term physical training. *Bone* 2009 October;45(4):768-76. Inappropriate Intervention, Study less than 6 months
- (540) Lichtenbelt WDV, Hartgens F, Vollaard NBJ, Ebbing S, Kuipers H. Bodybuilders' body composition: effect of nandrolone decanoate. *Medicine & Science in Sports & Exercise* 2004 March;36(3):484-9. Inappropriate Intervention, Diet Intervention or Supplement Study
- (541) Lilledund HK, Jorgensen HL, Hendriksen C, Lauritzen JB. [Effect of physical exercise on bone mass in the elderly]. *Ugeskrift For Laeger* 2002 September 23;164(39):4522-8. Review article
- (542) Lin CF, Huang TH, Tu KC, Lin LL, Tu YH, Yang RS. Acute effects of plyometric jumping and intermittent running on serum bone markers in young males. *Eur J Appl Physiol* 2011 August 12. Inappropriate Intervention, Acute study
- (543) Linden C, Alwis G, Ahlborg H, Gardsell P, Valdimarsson O, Stenevi-Lundgren S, Besjakov J, Karlsson MK. Exercise, bone mass and bone size in prepubertal boys: one-year data from the pediatric osteoporosis prevention study. *Scandinavian Journal Of Medicine & Science In Sports* 2007 August;17(4):340-7. Study limited to children and/or adolescents
- (544) Lindsay DM, Horton JF, Vandervoort AA. A review of injury characteristics, aging factors and prevention programmes for the older golfer. / *Revue des blessures caracteristiques, facteurs lies au vieillissement et programme de prevention pour le joueur de golf age*. *Sports Medicine* 2000 August;30(2):89-103. Review article
- (545) Liu-Ambrose T, Khan KM, Eng JJ, Janssen PA, Lord SR, McKay HA. Resistance and agility training reduce fall risk in women aged 75 to 85 with low bone mass: a 6-month randomized, controlled trial. *Journal of the American Geriatrics Society* 2004 May;52(5):657-65. No BMD data
- (546) Liu-Ambrose TY, Khan KM, Eng JJ, Gillies GL, Lord SR, McKay HA. The beneficial effects of group-based exercises on fall risk profile and physical activity persist 1 year postintervention in older women with low bone mass: follow-up after withdrawal of exercise. *Journal of the American Geriatrics Society* 2005 October;53(10):1767-73. Inappropriate Intervention, Follow-up Study
- (547) Liu-Ambrose TYL. Studies of fall risk and bone morphology in older women with low bone mass. 2004. Eugene, OR; United States, Kinesiology Publications, University of Oregon. No BMD data,

- (548) Liu AT, Khan KM, Eng JJ, Janssen PA, Lord SR, McKay HA. Resistance and agility training reduce fall risk in women aged 75 to 85 with low bone mass: a 6-month randomized, controlled trial. *Journal of the American Geriatrics Society* 2004;52:657-65. No BMD data
- (549) Liu H, Bravata DM, Olkin I, Nayak S, Roberts B, Garber AM, Hoffman AR. Systematic review: the safety and efficacy of growth hormone in the healthy elderly. *Annals Of Internal Medicine* 2007 January 16;146(2):104-15. Review article
- (550) Liu L, Maruno R, Mashimo T, Sanka K, Higuchi T, Hayashi K, Shirasaki Y, Mukai N, Saitoh S, Tokuyama K. Effects of physical training on cortical bone at midtibia assessed by peripheral QCT. *Journal Of Applied Physiology (Bethesda, Md : 1985)* 2003 July;95(1):219-24. Inappropriate Intervention, Cross-sectional study
- (551) Liu SL, Lebrun CM. Effect of oral contraceptives and hormone replacement therapy on BMD in premenopausal and perimenopausal women: a systematic review. *British Journal of Sports Medicine* 2006 January;40(1):11-24. Review article
- (552) Lloyd T, Chinchilli VM, Johnson-Rollings N, Kieselhorst K, Eggli DF, Marcus R. Adult female hip bone density reflects teenage sports-exercise patterns but not teenage calcium intake. *Pediatrics* 2000;106(1 I):40-4. Study limited to children and/or adolescents
- (553) Lombardi G, Tauchmanova L, Di Somma C, Musella T, Rota F, Savanelli MC, Colao A. Somatopause: dimetabolic and bone effects. *Journal Of Endocrinological Investigation* 2005;28(10 Suppl):36-42. Review article
- (554) Lord SR, Ward JA, Williams P. Exercise effect of dynamic stability in older women: a randomized controlled trial. *Archives of Physical Medicine & Rehabilitation* 1996 March;77(3):232-6. Same subjects as another study already included
- (555) Lord SR, Ward JA, Williams P, Zivanovic E. The effects of a community exercise program on fracture risk factors in older women. *Osteoporosis International: A Journal Established As Result Of Cooperation Between The European Foundation For Osteoporosis And The National Osteoporosis Foundation Of The USA* 1996;6(5):361-7. Subjects were active, NOT sedentary
- (556) Love RR, Barden HS, Mazess RB, Epstein S, Chappell RJ. Effect of tamoxifen on lumbar spine BMD in postmenopausal women after 5 years. *Archives Of Internal Medicine* 1994 November 28;154(22):2585-8. Inappropriate Intervention, Drug intervention study
- (557) Lucas M, Heiss CJ. Protein Needs of Older Adults Engaged in Resistance Training: A Review. *Journal of Aging & Physical Activity* 2005 April;13(2):223. Review article
- (558) Lydeking-Olsen E, Beck-Jensen JE, Setchell KDR, Holm-Jensen T. Soymilk or progesterone for prevention of bone loss: A 2 year randomized, placebo-controlled trial.

European Journal of Nutrition 2004 August;43(4):246-57. Inappropriate Intervention, Diet Intervention or Supplement Study

- (559) Mamoun L, Simar D, Caillaud C, Peruchon E, Sultan C, Rossi M, Mariano-Goulart D. Effect of antioxidants and exercise on bone metabolism. *Journal Of Sports Sciences* 2008 February;26(3):251-8. Inappropriate Intervention, Diet Intervention or Supplement Study
- (560) Macdonald HM, Kontulainen SA, Khan KM, McKay HA. Is a school-based physical activity intervention effective for increasing tibial bone strength in boys and girls? *Journal of bone and mineral research : the official journal of the American Society for Bone and Mineral Research* 2007;22:434-46. Study limited to children and/or adolescents
- (561) Maciaszek J, Osinski W, Szeklicki R, Stemplewski R. Effect of Tai Chi on body balance: randomized controlled trial in men with osteopenia or osteoporosis. *American Journal of Chinese Medicine* 2007;35(1):1-9. Inappropriate Intervention, Study less than 6 months
- (562) MacIntyre NJ, Bhandari M, Blimkie CJ, Adachi JD, Webber CE. Effect of altered physical loading on bone and muscle in the forearm. *Canadian Journal Of Physiology And Pharmacology* 2001 December;79(12):1015-22. Inappropriate Intervention, Not a randomized controlled trial (RCT)
- (563) MacKelvie KJ, McKay HA, Petit MA, Moran O, Khan KM. Bone mineral response to a 7-month randomized controlled, school-based jumping intervention in 121 prepubertal boys: associations with ethnicity and body mass index. *Journal of bone and mineral research : the official journal of the American Society for Bone and Mineral Research* 2002;17:834-44. Study limited to children and/or adolescents
- (564) MacKelvie KJ, Khan KM, Petit MA, Janssen PA, McKay HA. A school-based exercise intervention elicits substantial bone health benefits: a 2-year randomized controlled trial in girls. *Pediatrics* 2003;112:e447. Study limited to children and/or adolescents
- (565) MacKelvie KJ, Petit MA, Khan KM, Beck TJ, McKay HA. Bone mass and structure are enhanced following a 2-year randomized controlled trial of exercise in prepubertal boys. *Bone* 2004;34:755-64. Study limited to children and/or adolescents
- (566) MacKelvie KJ. Bone mass in pre- and peri-pubertal Canadian children: Effects of a high impact exercise intervention, maturity, and ethnicity. *DAI* 2002;63(12B):5795. Study limited to children and/or adolescents
- (567) Mackerras D. Calcium intake and osteoporosis. *Australian Journal of Nutrition & Dietetics* 1995 March;52(1):S3. Inappropriate Intervention, Diet Intervention or Supplement Study

- (568) Maddalozzo GF, Snow CM. High intensity resistance training: effects on bone in older men and women. *Calcified Tissue International* 2000 June;66(6):399-404. No control group (NC)
- (569) Maddalozzo GF, Widrick JJ, Cardinal BJ, Winters-Stone KM, Hoffman MA, Snow CM. The effects of hormone replacement therapy and resistance training on spine BMD in early postmenopausal women. *Bone* 2007 May;40(5):1244-51. No info on whether subjects were sedentary or active
- (570) Maimoun L, Mariano-Goulart D, Couret I, Manetta J, Peruchon E, Micallef JP, Verdier R, Rossi M, Leroux JL. Effects of physical activities that induce moderate external loading on bone metabolism in male athletes. *Journal Of Sports Sciences* 2004 September;22(9):875-83. Inappropriate Intervention, Cross-sectional study
- (571) Maly MR, Costigan PA, Olney SJ. Contribution of psychosocial and mechanical variables to physical performance measures in knee osteoarthritis. *Physical Therapy* 2005 December;85(12):1318-28. Inappropriate Intervention, Cross-sectional study
- (572) Manios Y, Moschonis G, Panagiotakos DB, Farajian P, Trovas G, Lyritis GP. Changes in biochemical indices of bone metabolism in post-menopausal women following a dietary intervention with fortified dairy products. *Journal of Human Nutrition & Dietetics* 2009 April;22(2):156-65. Inappropriate Intervention, Diet Intervention or Supplement Study
- (573) Marchese VG, Connolly BH, Able C, Booten AR, Bowen P, Porter BM, Rai SN, Hancock ML, Ching-Hon P, Howard S, Neel MD, Kaste SC. Relationships Among Severity of Osteonecrosis, Pain, Range of Motion, and Functional Mobility in Children, Adolescents, and Young Adults With Acute Lymphoblastic Leukemia. *Physical Therapy* 2008 March;88(3):341-50. Study limited to children and/or adolescents
- (574) Marsh AP, Rejeski WJ, Lang W, Miller ME, Messier SP. Baseline balance and functional decline in older adults with knee pain: the Observational Arthritis Study in Seniors. *Journal of the American Geriatrics Society* 2003 March;51(3):331-9. Inappropriate Intervention, Cross-sectional study
- (575) Martel J, Dugas C, Dubois JD, Descarreaux M. A randomised controlled trial of preventive spinal manipulation with and without a home exercise program for patients with chronic neck pain. *BMC Musculoskelet Disord* 2011;12:41. No BMD data
- (576) Martin Urrialde JA, Alonso Mendana N. Prevention and treatment of osteoporosis with physical activity and sports [Spanish]. *Fisioterapia* 2006 November;28(6):323-31. Review article
- (577) Martino HF, Oliveira PS, Souza FC, Costa PC, Assuncao E Silva, Villela R, Gaze M, Weitzel LH, Oliveira A, Jr., Muccillo FB, Arvelo SN, Sa R, Guimaraes TC, Tura BR, Campos de Carvalho AC. A safety and feasibility study of cell therapy in dilated cardiomyopathy. *Braz J Med Biol Res* 2010 October;43(10):989-95. No BMD data

- (578) Martyn-St James M, Carroll S. High-intensity resistance training and postmenopausal bone loss: a meta-analysis. *Osteoporosis International: A Journal Established As Result Of Cooperation Between The European Foundation For Osteoporosis And The National Osteoporosis Foundation Of The USA* 2006;17(8):1225-40. Review article
- (579) Martyn-St James M, Carroll S. Progressive High-Intensity Resistance Training and BMD Changes Among Premenopausal Women: Evidence of Discordant Site-Specific Skeletal Effects. *Sports Medicine* 2006 June;36(8):683-704. Review article
- (580) Martyn-St James M, Carroll S. Meta-analysis of walking for preservation of BMD in postmenopausal women. *Bone* 2008 September;43(3):521-31. Review article
- (581) Masi L, Bilezikian JP. Osteoporosis: new hope for the future. *International Journal Of Fertility And Women's Medicine* 1997 July;42(4):245-54. Review article
- (582) Masse PG, Dosy J, Tranchant CC, Dallaire R. Dietary macro- and micronutrient intakes of nonsupplemented pre- and postmenopausal women with a perspective on menopause-associated diseases. *Journal of Human Nutrition & Dietetics* 2004 April;17(2):121-32. Inappropriate Intervention, Cross-sectional study
- (583) Mathur SR. Effect of protein source and exercise on skeletal health of growing female rats (Bone metabolism). *DAI* 1998;60(01B,):0135. Animal study
- (584) Maurer J, Harris MM, Stanford VA, Lohman TG, Cussler E, Going SB, Houtkooper LB. Dietary iron positively influences BMD in postmenopausal women on hormone replacement therapy. *Journal of Nutrition* 2005;135(4):863-9. Inappropriate Intervention, Drug intervention study
- (585) Mayoux-Benhamou MA, Bagheri F, Roux C, Auleley GR, Rabourdin JP, Revel M. Effect of psoas training on postmenopausal lumbar bone loss: a 3-year follow-up study. *Calcified Tissue International* 1997;60:348-53. Inappropriate Comparison Group, No non-intervention control group
- (586) Mayoux BMA, Rabourdin JP, Bagheri F, Roux C, Revel M. Effects of exercise on BMD of the lumbar spine in postmenopausal women. *Annales De Readaptation Et De Medecine Physique* 1995;38:117-24. Inappropriate Intervention, Cross-sectional study
- (587) McCabe LD, Martin BR, McCabe GP, Johnston CC, Weaver CM, Peacock M. Dairy intakes affect bone density in the elderly. *American Journal of Clinical Nutrition* 2004 October;80(4):1066-74. Not a BMD and/or ground reaction force topic
- (588) McCartney N, Hicks AL, Martin J, Webber CE. Long-term resistance training in the elderly: effects on dynamic strength, exercise capacity, muscle, and bone. *The Journals Of Gerontology Series A, Biological Sciences And Medical Sciences* 1995 March;50(2):B97-B104. Same subjects as another study already included
- (589) McCartney N, Hicks AL, Martin J, Webber CE. A longitudinal trial of weight training in the elderly: continued improvements in year 2. *The Journals Of Gerontology Series*

A, Biological Sciences And Medical Sciences 1996 November;51(6):B425-B433. No info on whether subjects were sedentary or active, Subjects allowed to continue previous exercise

- (590) McCary J. Good Nutrition for the Golden Years. IDEA Fitness Journal 2008 March;5(3):52-60. Not a BMD and/or ground reaction force topic
- (591) McDermott MT, Christensen RS, Lattimer J. The effects of region-specific resistance and aerobic exercises on BMD in premenopausal women. Military Medicine 2001 April;166(4):318-21. Inappropriate Intervention, Not a randomized controlled trial (RCT)
- (592) McDonough RP, Doucette WR, Kumbera P, Klepser DG. An evaluation of managing and educating patients on the risk of glucocorticoid-induced osteoporosis. Value In Health: The Journal Of The International Society For Pharmacoeconomics And Outcomes Research 2005 January;8(1):24-31. Inappropriate Intervention, Educational intervention
- (593) McGinley AM. Health beliefs and women's use of hormone replacement therapy. Holistic Nursing Practice 2004 January;18(1):18-25. Inappropriate Intervention, Survey or questionnaire
- (594) McGuire R, Waltman N, Zimmerman L. Intervention components promoting adherence to strength training exercise in breast cancer survivors with bone loss. West J Nurs Res 2011 August;33(5):671-89. Review article
- (595) McKay HA, MacLean L, Petit M, MacKelvie-O'Brien K, Janssen P, Beck T, Khan KM. "Bounce at the Bell": a novel program of short bouts of exercise improves proximal femur bone mass in early pubertal children. British Journal of Sports Medicine 2005 August;39(8):521-6. Study limited to children and/or adolescents
- (596) McMurdo MET, Mole PA, Paterson CR. Controlled trial of weight bearing exercise in older women in relation to bone density and falls. BMJ: British Medical Journal 1997 February 22;314(7080):569. No info on whether subjects were sedentary or active
- (597) McQuain MT, Sinaki M, Shibley LD, Wahner HW, Ilstrup DM. Effect of electrical stimulation on lumbar paraspinal muscles. Spine 1993 October 1;18(13):1787-92. Inappropriate Intervention, Electrical Stimulation
- (598) McTigue KM, Hess R, Ziouras J. Obesity in older adults: a systematic review of the evidence for diagnosis and treatment. Obesity (Silver Spring, Md) 2006 September;14(9):1485-97. Review article
- (599) Meacham SL, Taper LJ, Volpe SL. Effects of boron supplementation on BMD and dietary, blood, and urinary calcium, phosphorus, magnesium, and boron in female athletes. Environmental Health Perspectives 1994 November;102 Suppl 7:79-82. Inappropriate Intervention, Diet Intervention or Supplement Study

- (600) Meaney AM, O'Keane V. BMD changes over a year in young females with schizophrenia: relationship to medication and endocrine variables. *Schizophrenia Research* 2007 July;93(1-3):136-43. Inappropriate Intervention, Not a randomized controlled trial (RCT)
- (601) Mefferd K, Nichols JF, Pakiz B, Rock CL. A cognitive behavioral therapy intervention to promote weight loss improves body composition and blood lipid profiles among overweight breast cancer survivors. *Breast Cancer Research And Treatment* 2007 August;104(2):145-52. Inappropriate Intervention, Multiple interventions
- (602) Mehlenbeck RS, Ward KD, Klesges RC, Vukadinovich CM. A pilot intervention to increase calcium intake in female collegiate athletes. *International Journal of Sport Nutrition & Exercise Metabolism* 2004 February;14(1):18-29. Inappropriate Intervention, Diet Intervention or Supplement Study
- (603) Mehler PS, MacKenzie TD. Treatment of osteopenia and osteoporosis in anorexia nervosa: A systematic review of the literature. *International Journal of Eating Disorders* 2005;42(3):5-201. Review article
- (604) Mekary RA. Osteoporosis and osteopenia management in women: Survey, case-referent study, and interventional exercise trial. *DAI* 2005;66(07B):3641. Inappropriate Intervention, Not a randomized controlled trial (RCT)
- (605) Mendez-Sanchez R, Albuquerque-Sendin F, Fernandez-de-Las-Penas C, Barbero-Iglesias FJ, Sanchez-Sanchez C, Calvo-Arenillas JJ, Huijbregts P. Immediate effects of adding a sciatic nerve slider technique on lumbar and lower quadrant mobility in soccer players: a pilot study. *J Altern Complement Med* 2010 June;16(6):669-75. Not a BMD and/or ground reaction force topic
- (606) Mero AA, Ojala T, Hulmi JJ, Puurtinen R, Karila TAM, Seppala T. Effects of alfa-hydroxy-isocaproic acid on body composition, DOMS and performance in athletes. *Journal of the International Society of Sports Nutrition* 2010 January;7:1-8. Inappropriate Intervention, Diet Intervention or Supplement Study
- (607) Merrilees MJ, Smart EJ, Gilchrist NL, March RL, Maguire P, Turner JG, Frampton C, Hooke E. Effects of dairy food supplements on BMD in teenage girls. *European Journal of Nutrition* 2000 December;39(6):256. Study limited to children and/or adolescents
- (608) Merrill RM, Aldana SG. Consequences of a plant-based diet with low dairy consumption on intake of bone-relevant nutrients. *Journal of Women's Health* (15409996) 2009 May;18(5):691-8. Inappropriate Intervention, Educational intervention
- (609) Messier SP, Legault C, Loeser RF, Van Arsdale SJ, Davis C, Ettinger WH, DeVita P. Does high weight loss in older adults with knee osteoarthritis affect bone-on-bone joint loads and muscle forces during walking? *Osteoarthritis Cartilage* 2011 March;19(3):272-80. Not a randomized controlled trial (RCT)

- (610) Meunier PJ, Chapuy MC, Arlot ME, Delmas PD, Duboeuf F. Can we stop bone loss and prevent hip fractures in the elderly? Osteoporosis International: A Journal Established As Result Of Cooperation Between The European Foundation For Osteoporosis And The National Osteoporosis Foundation Of The USA 1994;4 Suppl 1:71-6. Inappropriate Intervention, Prospective Study
- (611) Meyer U, Romann M, Zahner L, Schindler C, Puder JJ, Kraenzlin M, Rizzoli R, Kriemler S. Effect of a general school-based physical activity intervention on bone mineral content and density: a cluster-randomized controlled trial. Bone 2011 April 1;48(4):792-7. Study limited to children and/or adolescents
- (612) Mian OS, Baltzopoulos V, Minetti AE, Narici MV. The Impact of Physical Training on Locomotor Function in Older People. Sports Medicine 2007 June;37(8):683-701. Review article
- (613) Michael YL, Perdue LA, Orwoll ES, Stefanick ML, Marshall LM. Physical activity resources and changes in walking in a cohort of older men. American Journal Of Public Health 2010 April;100(4):654-60. Inappropriate Intervention, Not a randomized controlled trial (RCT)
- (614) Michael YL, Whitlock EP, Lin JS, Fu R, O'Connor EA, Gold R. Primary care-relevant interventions to prevent falling in older adults: a systematic evidence review for the U.S. Preventive Services Task Force. Ann Intern Med 2010 December 21;153(12):815-25. Review article
- (615) Mikhael M, Orr R, Fiatarone Singh MA. The effect of whole body vibration exposure on muscle or bone morphology and function in older adults: a systematic review of the literature. Maturitas 2010 June;66(2):150-7. Review article, Electrical Stimulation or Whole Body Vibration
- (616) Miller LE, Wootten DF, Nickols-Richardson SM, Ramp WK, Steele CR, Cotton JR, Carneal JP, Herbert WG. Isokinetic training increases ulnar bending stiffness and bone mineral in young women. Bone 2007 October;41(4):685-9. Inappropriate Intervention, Study less than 6 months
- (617) Miller MD, Crotty M, Whitehead C, Bannerman E, Daniels LA. Nutritional supplementation and resistance training in nutritionally at risk older adults following lower limb fracture: a randomized controlled trial. Clinical Rehabilitation 2006 April;20(4):311-23. Inappropriate Intervention, Study less than 6 months
- (618) Milliken LA, Going SB, Houtkooper LB, Flint-Wagner HG, Figueroa A, Metcalfe LL, Blew RM, Sharp SC, Lohman TG. Effects of exercise training on bone remodeling, insulin-like growth factors, and BMD in postmenopausal women with and without hormone replacement therapy. Calcified Tissue International 2003 April;72(4):478-84. Same subjects as another study already included
- (619) Milliken LA, Cussler E, Zeller RA, Choi JE, Metcalfe L, Going SB, Lohman TG. Changes in soft tissue composition are the primary predictors of 4-year BMD changes

in postmenopausal women. *Osteoporosis International: A Journal Established As Result Of Cooperation Between The European Foundation For Osteoporosis And The National Osteoporosis Foundation Of The USA* 2009 February;20(2):347-54. Same subjects as another study already included

- (620) Milliken LA, Wilhelmy J, Martin CJ, Finkenthal N, Cussler E, Metcalfe L, Guido TA, Going SB, Lohman TG. Depressive symptoms and changes in body weight exert independent and site-specific effects on bone in postmenopausal women exercising for 1 year. *The Journals Of Gerontology Series A, Biological Sciences And Medical Sciences* 2006 May;61(5):488-94. Same subjects as another study already included
- (621) Milliken LA. BMD, bone remodeling, insulin-like growth factors, hormone replacement therapy, and exercise training in postmenopausal women. *DAI* 1998;59(09B.):4572. Same subjects as another study already included
- (622) Mitchell MJ, Baz MA, Fulton MN, Lisor CF, Braith RW. Resistance training prevents vertebral osteoporosis in lung transplant recipients. *Transplantation* 2003 August 15;76(3):557-62. Inappropriate Intervention, Subjects were active, NOT sedentary
- (623) Moayyeri A. The association between physical activity and osteoporotic fractures: a review of the evidence and implications for future research. *Annals Of Epidemiology* 2008 November;18(11):827-35. Review article
- (624) Mohr T, Podenphant J, Biering-Sorensen F, Galbo H, Thamsborg G, Kjaer M. Increased BMD after prolonged electrically induced cycle training of paralyzed limbs in spinal cord injured man. *Calcified Tissue International* 1997 July;61(1):22-5. Inappropriate Intervention, Electrical Stimulation
- (625) Moseley AM, Hassett LM, Leung J, Clare JS, Herbert RD, Harvey LA. Serial casting versus positioning for the treatment of elbow contractures in adults with traumatic brain injury: a randomized controlled trial. *Clinical Rehabilitation* 2008 May;22(5):406-17. Inappropriate Intervention, Study less than 6 months
- (626) Mughal MZ, Khadilkar AV. The accrual of bone mass during childhood and puberty. *Curr Opin Endocrinol Diabetes Obes* 2011 February;18(1):28-32. Review article, Study limited to children and/or adolescents
- (627) Mukherjee A, Murray RD, Shalet SM. Impact of Growth Hormone Status on Body Composition and the Skeleton. *Hormone Research* 2004 October 2;62:35-41. Inappropriate Intervention, Not a randomized controlled trial (RCT)
- (628) Mulroy SJ, Thompson L, Kemp B, Hatchett PP, Newsam CJ, Lupold DG, Haubert LL, Eberly V, Ge TT, Azen SP, Winstein CJ, Gordon J. Strengthening and optimal movements for painful shoulders (STOMPS) in chronic spinal cord injury: a randomized controlled trial. *Phys Ther* 2011 March;91(3):305-24. Not a BMD and/or ground reaction force topic

- (629) Murray RO. The Phenotype of Adults with Partial Growth Hormone Deficiency. *Hormone Research* 2005 November 2;64:12-7. Review article
- (630) Naghii MR, Mofid M. Elevation of biosynthesis of endogenous 17-B oestradiol by boron supplementation: one possible role of dietary boron consumption in humans. *Journal of Nutritional & Environmental Medicine* 2008 June;17(2):127-35. Inappropriate Intervention, Diet Intervention or Supplement Study
- (631) Nakata Y, Ohkawara K, Lee DJ, Okura T, Tanaka K. Effects of additional resistance training during diet-induced weight loss on BMD in overweight premenopausal women. *Journal Of Bone And Mineral Metabolism* 2008;26(2):172-7. Inappropriate Intervention, Study less than 6 months
- (632) Naslund J, Naslund U, Odenbring S, Lundeborg T. Comparison of symptoms and clinical findings in subgroups of individuals with patellofemoral pain. *Physiotherapy Theory & Practice* 2006 June;22(3):105-18. Not a BMD and/or ground reaction force topic
- (633) Needham-Shropshire BM, Broton JG, Klose KJ, Lebowitz N, Guest RS, Jacobs PL. Evaluation of a training program for persons with SCI paraplegia using the Parastep 1 ambulation system: part 3. Lack of effect on BMD. *Archives Of Physical Medicine And Rehabilitation* 1997 August;78(8):799-803. Inappropriate Comparison Group, No control group (NC)
- (634) Nelson ME, Fisher EC, Dilmanian FA, Dallal GE, Evans WJ. A 1-y walking program and increased dietary calcium in postmenopausal women: effects on bone. *The American Journal Of Clinical Nutrition* 1991 May;53(5):1304-11. Inappropriate Intervention, Not a randomized controlled trial (RCT)
- (635) Nemet D, Dolfen T, Litmanowitz I, Shainkin-Kestenbaum R, Lis M, Eliakim A. Evidence for exercise-induced bone formation in premature infants. *International Journal of Sports Medicine* 2002;23(2):82-5. Study limited to children and/or adolescents
- (636) Neuner JM, Zimmer JK, Hamel MB. Diagnosis and treatment of osteoporosis in patients with vertebral compression fractures. *Journal of the American Geriatrics Society* 2003 April;51(4):483-91. Not a BMD and/or ground reaction force topic
- (637) Newton RU, Taaffe DR, Spry N, Gardiner RA, Levin G, Wall B, Joseph D, Chambers SK, Galvão DA. A phase III clinical trial of exercise modalities on treatment side-effects in men receiving therapy for prostate cancer. *BMC cancer* 2009;9:210. Description of study from review or magazine or etc. (not the actual study)
- (638) Nguyen TV, Kelly PJ, Sambrook PN, Gilbert C, Pocock NA, Eisman JA. Lifestyle factors and bone density in the elderly: implications for osteoporosis prevention. *Journal Of Bone And Mineral Research: The Official Journal Of The American Society For Bone And Mineral Research* 1994 September;9(9):1339-46. Inappropriate Intervention, Cross-sectional study

- (639) Nichols DL. Resistance training and BMD in adolescent females. DAI 1996;57(08B.):5008. Study limited to children and/or adolescents
- (640) Nichols JF, Nelson KP, Peterson KK, Sartoris DJ. BMD responses to high-intensity strength training in active older women. Journal of Aging and Physical Activity 1995;3:26-38. Subjects were active, NOT sedentary
- (641) Nickols-Richardson SM, Miller LE, Wootten DF, Ramp WK, Herbert WG. Concentric and eccentric isokinetic resistance training similarly increases muscular strength, fat-free soft tissue mass, and specific bone mineral measurements in young women. Osteoporosis International: A Journal Established As Result Of Cooperation Between The European Foundation For Osteoporosis And The National Osteoporosis Foundation Of The USA 2007 June;18(6):789-96. Inappropriate Intervention, Study less than 6 months
- (642) Nieto-Vazquez M, Tejeda MJ, Colin J, Matos A. Results of an osteoporosis educational intervention randomized trial in a sample of Puerto-Rican women. Journal of Cultural Diversity 2009 December;16(4):171-7. Inappropriate Intervention, Educational intervention
- (643) Nightingale EJ, Raymond J, Middleton JW, Crosbie J, Davis GM. Benefits of FES gait in a spinal cord injured population. Spinal Cord 2007 October;45(10):646-57. Review article
- (644) Nikander R, Sievanen H, Heinonen A, Daly RM, Uusi-Rasi K, Kannus P. Targeted exercise against osteoporosis: A systematic review and meta-analysis for optimising bone strength throughout life. BMC Med 2010;8:47. Review article
- (645) Niu K, Ahola R, Guo H, Korpelainen R, Uchimaru J, Vainionpaa A, Sato K, Sakai A, Salo S, Kishimoto K, Itoi E, Komatsu S, Jamsa T, Nagatomi R. Effect of office-based brief high-impact exercise on BMD in healthy premenopausal women: the Sendai Bone Health Concept Study. J Bone Miner Metab 2010 September;28(5):568-77. No info on whether subjects were sedentary or active
- (646) Noakes M, Keogh J, Clifton P. Obesity and type 2 diabetes mellitus. Nutrition & Dietetics 2007 September 3;64:S156-S161. Review article
- (647) Notelovitz M, Martin D, Tesar R, Khan FY, Probart C, Fields C, McKenzie L. Estrogen therapy and variable-resistance weight training increase bone mineral in surgically menopausal women. Journal Of Bone And Mineral Research: The Official Journal Of The American Society For Bone And Mineral Research 1991 June;6(6):583-90. No info on whether subjects were sedentary or active, Drug intervention study
- (648) Nowson C. Nutritional challenges for the elderly. Nutrition & Dietetics 2007 September 3;64:S150-S155. Not a BMD and/or ground reaction force topic

- (649) O'Malley NT, Blauth M, Suhm N, Kates SL. Hip fracture management, before and beyond surgery and medication: a synthesis of the evidence. *Arch Orthop Trauma Surg* 2011 June 25. Review article
- (650) O'Mathuna DP. Tai Chi to Prevent Falls Among the Elderly. *Alternative Medicine Alert* 2007 September;10(9):103-6. Review article
- (651) O'Mathuna DP. Conjugated Linoleic Acid and Body Fat Reduction. *Alternative Medicine Alert* 2008 March;11(3):28-31. Not a BMD and/or ground reaction force topic
- (652) O'Mathuna DP. Omega-3 Fatty Acid Adds Little Benefit to Resistance Training for Older Adults. *Alternative Medicine Alert* 2009 July;12(7):81-2. Inappropriate Intervention, Study less than 6 months
- (653) Okada A, Ohshima H, Itoh Y, Yasui T, Tozawa K, Kohri K. Risk of renal stone formation induced by long-term bed rest could be decreased by premedication with bisphosphonate and increased by resistive exercise. *International Journal Of Urology: Official Journal Of The Japanese Urological Association* 2008 July;15(7):630-5. Not a BMD and/or ground reaction force topic
- (654) Okawa T, Sato T, Koike T. [Effect of exercises on BMD and physical strength in elderly women]. *Nippon Rinsho Japanese Journal Of Clinical Medicine* 2004 February;62 Suppl 2:510-4. Inappropriate Intervention, Not a randomized controlled trial (RCT)
- (655) Oktem M, Eroglu D, Karahan HB. Black cohosh and fluoxetine in the treatment of postmenopausal symptoms: a prospective, randomized trial. *Alternative Medicine Review* 2007 September;12(3):289. Inappropriate Intervention, Diet Intervention or Supplement Study
- (656) Olivetti L, Schurr K, Sherrington C, Wallbank G, Pamphlett P, Kwan MM-S, Herbert RD. A novel weight-bearing strengthening program during rehabilitation of older people is feasible and improves standing up more than a non-weight-bearing strengthening program: a randomised trial. *Australian Journal of Physiotherapy* 2007 September;53(3):147-53. Inappropriate Intervention, Study less than 6 months
- (657) Olmedo-Buenrostro BA, Trujillo-Hernandez B, Perez-Vargas FD, Diaz-Giner VR, Delgado-Enciso I, Muniz-Murguia J, Huerta M, Trujillo X, Mora-Brambila AB, Vasquez C. [Comparison of three therapeutic exercises protocols to lumbar hyperlordosis improvement in asymptomatic youths]. *Rev Invest Clin* 2010 November;62(6):568-76. Study limited to children and/or adolescents
- (658) Omasu F, Kitagawa J, Koyama K, Asakawa K, Yokouchi J, Ando D, Nakahara Y. The influence of VDR genotype and exercise on ultrasound parameters in young adult Japanese women. *Journal Of Physiological Anthropology And Applied Human Science* 2004 March;23(2):49-55. Inappropriate Intervention, Not an exercise intervention study

- (659) Onambele GNL, Bruce SA, Woledge RC. Oestrogen status in relation to the early training responses in human thumb adductor muscles. *Acta Physiologica* 2006 September;188(1):41-52. Inappropriate Intervention, Study less than 6 months
- (660) Ondrak KS, Morgan DW. Physical Activity, Calcium Intake and Bone Health in Children and Adolescents. *Sports Medicine* 2007 May;37(7):587-601. Study limited to children and/or adolescents
- (661) Opalek JM, Graymire VL, Redd D. Wheelchair falls: 5 years of data from a level 1 trauma center. *Journal of Trauma Nursing* 2009 April;16(2):98-102. Not a BMD and/or ground reaction force topic
- (662) Opdenacker J, Delecluse C, Boen F. The Longitudinal Effects of a Lifestyle Physical Activity Intervention and a Structured Exercise Intervention on Physical Self-Perceptions and Self-Esteem in Older Adults. *Journal of Sport & Exercise Psychology* 2009 December;31(6):743-60. No BMD data
- (663) Orenstein MR, Friedenreich CM. Review of Physical Activity and the IGF Family. *Journal of Physical Activity & Health* 2004 October;1(4):291. Review article
- (664) Ornes LL, Ransdell LB, Robertson L, Trunnell E, Moyer-Mileur L. A 6-month pilot study of effects of a physical activity intervention on life satisfaction with a sample of three generations of women. *Perceptual And Motor Skills* 2005 June;100(3 Pt 1):579-91. Not a randomized controlled trial (RCT)
- (665) Orr R, Singh MF. The Anabolic Androgenic Steroid Oxandrolone in the Treatment of Wasting and Catabolic Disorders: Review of Efficacy and Safety. *Drugs* 2004 April;64(7):725-50. Not a BMD and/or ground reaction force topic
- (666) Orsega-Smith E, Payne LL, Godbey G. Physical and psychosocial characteristics of older adults who participate in a community-based exercise program. *Journal of Aging & Physical Activity* 2003 October;11(4):516-31. No BMD data
- (667) Orti ES, Donaghy M. A Cognitive-behavioural Intervention to Increase Adherence of Adult Women Exercisers. *Advances in Physiotherapy* 2004 June;6(2):84-92. Study less than 6 months
- (668) Orwig DL, Hochberg M, Yu-Yahiro J, Resnick B, Hawkes WG, Shardell M, Hebel JR, Colvin P, Miller RR, Golden J, Zimmerman S, Magaziner J. Delivery and outcomes of a yearlong home exercise program after hip fracture: a randomized controlled trial. *Arch Intern Med* 2011 February 28;171(4):323-31. No info on whether subjects were sedentary or active
- (669) Otsuki T, Takanami Y, Aoi W, Kawai Y, Ichikawa H, Yoshikawa T. Arterial stiffness acutely decreases after whole-body vibration in humans. *Acta Physiologica* 2008 November;194(3):189-94. Study less than 6 months

- (670) Ott CD, Lindsey AM, Waltman NL, Gross GJ, Twiss JJ, Berg K, Brisco PL, Henricksen S. Facilitative strategies, psychological factors, and strength/weight training behaviors in breast cancer survivors who are at risk for osteoporosis. *Orthopaedic Nursing* 2004 January;23(1):45-52. Inappropriate Comparison Group, No control group (NC)
- (671) Ott C, Fulton MK. Osteoporosis risk and interest in strength training in men receiving androgen ablation therapy for locally advanced prostate cancer. *Journal Of The American Academy Of Nurse Practitioners* 2005 March;17(3):113-22. Inappropriate Intervention, Survey or questionnaire
- (672) Ottenbacher KJ, Ottenbacher ME, Ottenbacher AJ, Acha AA, Ostir GV. Androgen treatment and muscle strength in elderly men: a meta-analysis. *Journal of the American Geriatrics Society* 2006 November 15;54(11):1666-73. Review article
- (673) Ottenbacher KJ, Graham JE, Al Snih S, Raji M, Samper-Ternent R, Ostir GV, Markides KS. Mexican Americans and frailty: findings from the Hispanic established populations epidemiologic studies of the elderly. *American Journal Of Public Health* 2009 April;99(4):673-9. Inappropriate Intervention, Survey or questionnaire
- (674) Otto RM, Carpinelli RN. A critical analysis of the single versus multiple set debate. *Journal of Exercise Physiology Online* 2006 February;9(1):32-57. Review article
- (675) Paganini-Hill A, Atchison KA, Gornbein JA, Nattiv A, Service SK, White SC. Menstrual and reproductive factors and fracture risk: the Leisure World Cohort study. *Journal of Women's Health* (15409996) 2005 November;14(9):808-19. Inappropriate Intervention, Cohort Study
- (676) Paillard T, Lafont C, Costes-Salon MC, Dupui P. Comparison between three strength development methods on body composition in healthy elderly women. *The Journal Of Nutrition, Health & Aging* 2003;7(2):117-9. Inappropriate Intervention, Study less than 6 months
- (677) Paillard T, Lafont C, Costes-Salon MC, Riviere D, Dupui P. Effects of brisk walking on static and dynamic balance, locomotion, body composition, and aerobic capacity in ageing healthy active men. *International Journal Of Sports Medicine* 2004 October;25(7):539-46. Inappropriate Intervention, Study less than 6 months
- (678) Paillard T, Lafont C, Peres C, Costes-Salon MC, Soulat JM, Montoya R, Dupui P. [Is electrical stimulation with voluntary muscle contraction of physiologic interest in aging women?]. *Annales De Readaptation Et De Medecine Physique: Revue Scientifique De La Societe Francaise De Reducation Fonctionnelle De Readaptation Et De Medecine Physique* 2005 February;48(1):20-8. Inappropriate Intervention, Study less than 6 months
- (679) Palacios C, Bertran JJ, Rios RE, Soltero S. No effects of low and high consumption of dairy products and calcium supplements on body composition and serum lipids in

Puerto Rican obese adults. *Nutrition* 2011 May;27(5):520-5. Diet Intervention or Supplement Study

- (680) Palacios C. The Role of Nutrients in Bone Health, from A to Z. *Critical Reviews in Food Science & Nutrition* 2006 December;46(8):621-8. Review article
- (681) Palombaro KM. Effects of walking-only interventions on BMD at various skeletal sites: a meta-analysis. *Journal of Geriatric Physical Therapy* 2005 November;28(3):102-7. Review article
- (682) Palombaro KM, Hack LM, Mangione KK, Barr AE, Newton RA, Magri F, Speziale T. Gait variability detects women in early postmenopause with low BMD. *Physical Therapy* 2009 December;89(12):1315-26. Inappropriate Intervention, Cohort Study
- (683) Pan HL, He D. [Evaluation of exercise therapy, magnetotherapy and light therapy in ameliorating the BMD and low back pain in elderly patients with osteoporosis]. *Zhongguo Linchuang Kangfu* 2004;8:5072-3. Inappropriate Intervention, Multiple interventions
- (684) Pang MY, Eng JJ, Dawson AS, McKay HA, Harris JE. A community-based fitness and mobility exercise program for older adults with chronic stroke: a randomized, controlled trial. *Journal of the American Geriatrics Society* 2005 October;53(10):1667-74. Inappropriate Intervention, Study less than 6 months
- (685) Pang MYC, Ashe MC, Eng JJ, McKay HA, Dawson AS. A 19-week exercise program for people with chronic stroke enhances bone geometry at the tibia: A peripheral quantitative computed tomography study. *Osteoporosis International* 2006;17(11):1615-25. Inappropriate Intervention, Study less than 6 months
- (686) Pang MYC, Mak MKY. Trunk muscle strength, but not trunk rigidity, is independently associated with BMD of the lumbar spine in patients with Parkinson's disease. *Movement Disorders: Official Journal Of The Movement Disorder Society* 2009 June 15;24(8):1176-82. Inappropriate Intervention, Cross-sectional study
- (687) Papaioannou A, Adachi JD, Winegard K, Ferko N, Parkinson W, Cook RJ, Webber C, McCartney N. Efficacy of home-based exercise for improving quality of life among elderly women with symptomatic osteoporosis-related vertebral fractures. *Osteoporosis International: A Journal Established As Result Of Cooperation Between The European Foundation For Osteoporosis And The National Osteoporosis Foundation Of The USA* 2003 August;14(8):677-82. No info on whether subjects were sedentary or active
- (688) Papaioannou A, Kennedy CC, Dolovich L, Lau E, Adachi JD. Patient adherence to osteoporosis medications: Problems, consequences and management strategies. *Drugs and Aging* 2007;24(1):37-55. Review article
- (689) Park H, Kim KJ, Komatsu T, Park SK, Mutoh Y. Effect of combined exercise training on bone, body balance, and gait ability: a randomized controlled study in community-

dwelling elderly women. *Journal Of Bone And Mineral Metabolism* 2008;26(3):254-9. Subjects were active, NOT sedentary

- (690) Park SA. Gardening as a physical activity for health in older adults. *DAI* 2007;69(05B):2689. Inappropriate Intervention, Not an exercise intervention study
- (691) Parkhouse WS, Coupland DC, Li C, Vanderhoek KJ. IGF-1 bioavailability is increased by resistance training in older women with low BMD. *Mechanisms Of Ageing And Development* 2000 February 7;113(2):75-83. No BMD data
- (692) Parsons TJ, Prentice A, Smith EA, Cole TJ, Compston JE. Bone mineral mass consolidation in young British adults. *Journal Of Bone And Mineral Research: The Official Journal Of The American Society For Bone And Mineral Research* 1996 February;11(2):264-74. Inappropriate Intervention, Prospective Study
- (693) Patade A, Devareddy L, Lucas EA, Korlagunta K, Daggy BP, Arjmandi BH. Flaxseed reduces total and LDL cholesterol concentrations in Native American postmenopausal women. *Journal of Women's Health* (15409996) 2008 April;17(3):355-66. Inappropriate Intervention, Diet Intervention or Supplement Study
- (694) Payette H. Nutrition as a determinant of functional autonomy and quality of life in aging: a research program. *Canadian Journal of Physiology & Pharmacology* 2005 November;83(11):1061-70. Review article
- (695) Pazirandeh M. Does patient partnership in continuing medical education (CME) improve the outcome in osteoporosis management? *Journal of Continuing Education in the Health Professions* 2002 June;22(3):142-51. Inappropriate Intervention, Survey or questionnaire
- (696) Pearson JA, Burkhart E, Pifalo WB, Palaggo-Toy T, Krohn K. A Lifestyle Modification Intervention for the Treatment of Osteoporosis. *American Journal of Health Promotion* 2005 September;20(1):28-33. Inappropriate Intervention, Study less than 6 months
- (697) Penedo FJ, Schneiderman N, Dahn JR, Gonzalez JS. Physical activity interventions in the elderly: cancer and comorbidity. *Cancer Investigation* 2004;22(1):51-67. Review article
- (698) Peppone LJ, Mustian KM, Janelins MC, Palesh OG, Rosier RN, Piazza KM, Purnell JQ, Darling TV, Morrow GR. Effects of a structured weight-bearing exercise program on bone metabolism among breast cancer survivors: a feasibility trial. *Clin Breast Cancer* 2010 June;10(3):224-9. Study less than 6 months
- (699) Pereira C, Vogelaere P, Baptista F. Role of physical activity in the prevention of falls and their consequences in the elderly. *European Reviews of Aging & Physical Activity* 2008 April;5(1):51-8. Review article
- (700) Perry J, Green A, Singh S, Watson P. A preliminary investigation into the magnitude of effect of lumbar extension exercises and a segmental rotatory manipulation on

sympathetic nervous system activity. *Man Ther* 2011 April;16(2):190-5. Not a BMD and/or ground reaction force topic

- (701) Petersen T. The booming boomer market. *American Fitness* 2008 May;26(3):48-50. Not a BMD and/or ground reaction force topic
- (702) Petit MA. Determinants of BMD in pre- and early-pubertal Asian- and Caucasian-Canadians: Exercise intervention and family studies. *DAI* 2000;61(05B):2458. Study limited to children and/or adolescents
- (703) Phillips C, Kim SH, Tucker M, Turvey TA. Sensory retraining: burden in daily life related to altered sensation after orthognathic surgery, a randomized clinical trial. *Orthod Craniofac Res* 2010 August;13(3):169-78. Not a BMD and/or ground reaction force topic
- (704) Phillips SM, Moore DR, Tang JE. A Critical Examination of Dietary Protein Requirements, Benefits, and Excesses in Athletes. *International Journal of Sport Nutrition & Exercise Metabolism* 2007 August 2;17:S58-S76. Review article
- (705) Phoenix C, Grant B. Expanding the Agenda for Research on the Physically Active Aging Body. *Journal of Aging & Physical Activity* 2009 July;17(3):362-79. Review article
- (706) Pierce RA, Lee LC, Ahles CP, Shdo SM, Jaque SV, Sumida KD. Different training volumes yield equivalent increases in BMD. *Int J Sports Med* 2010 November;31(11):803-9. Animal study
- (707) Pistone G, Marino AD, Leotta C, Dell'Arte S, Finocchiaro G, Malaguarnera M. Levocarnitine administration in elderly subjects with rapid muscle fatigue: effect on body composition, lipid profile and fatigue. *Drugs & Aging* 2003 July 15;20(10):761-7. Inappropriate Intervention, Drug intervention study
- (708) Polidoulis I, Beyene J, Cheung AM. The effect of exercise on pQCT parameters of bone structure and strength in postmenopausal women-a systematic review and meta-analysis of randomized controlled trials. *Osteoporos Int* 2011 August 3. Review article
- (709) Pons T, Shipton EA. Multilevel lumbar fusion and postoperative physiotherapy rehabilitation in a patient with persistent pain. *Physiother Theory Pract* 2011 April;27(3):238-45. Case-Control / Case Study
- (710) Porter MM, Nelson ME, Fiatarone Singh MA, Layne JE, Morganti CM, Trice I, Economos CD, Roubenoff R, Evans WJ. Effects of long-term resistance training and detraining on strength and physical activity in older women. / Effets d 'un entraînement de resistance a long terme et du desentrainement sur la force et l 'activite physique de femmes agees. *Journal of Aging & Physical Activity* 2002 July;10(3):260-70. Same subjects as another study already included, Not a randomized controlled trial (RCT)

- (711) Poulsen RC, Kruger MC. Soy phytoestrogens: impact on postmenopausal bone loss and mechanisms of action. *Nutrition Reviews* 2008 July;66(7):359-74. Not a BMD and/or ground reaction force topic
- (712) Preisinger E, Alacamlioglu Y, Pils K, Saradeth T, Schneider B. Therapeutic exercise in the prevention of bone loss: a controlled trial with women after menopause. *American Journal of Physical Medicine & Rehabilitation* 1995 March;74(2):120-3. No BMD data
- (713) Preisinger E, Alacamlioglu Y, Pils K, Metka M, Schneider B, Ernst E. Regular physical exercises delay forearm bone loss - Results of five controlled trials. *European Journal of Physical Medicine and Rehabilitation* 1995;5(1):8-12. Inappropriate Outcomes, No BMD data
- (714) Preisinger E, Alacamlioglu Y, Pils K, Bosina E, Metka M, Schneider B, Ernst E. Exercise therapy for osteoporosis: results of a randomised controlled trial. *British Journal of Sports Medicine* 1996 September;30(3):209-12. No BMD data
- (715) Preisinger E, Kerschman-Schindl K, Wober C, Kollmitzer J, Ebenbichler G, Hamwi A, Bieglmayer C, Kaider A. The effect of calisthenic home exercises on postmenopausal fractures--a long-term observational study. *Maturitas* 2001 October 31;40(1):61-7. Inappropriate Intervention, Observational study
- (716) Prentice A. Calcium in pregnancy and lactation. *Annual Review of Nutrition* 2000 August;20(1):249. Not a BMD and/or ground reaction force topic
- (717) Prestes J, Marqueti RdC, Shiguemoto GE, Leite RD, Pereira GB, Selistre-de-Araujo HS, Baldissera V, de Andrade Perez SE. Effects of ovariectomy and resistance training on MMP-2 activity in skeletal muscle. *Applied Physiology, Nutrition & Metabolism* 2009 August;34(4):700-6. Animal study
- (718) Prince RL, Smith M, Dick IM, Price RI, Webb PG, Henderson NK, Harris MM. Prevention of postmenopausal osteoporosis. A comparative study of exercise, calcium supplementation, and hormone-replacement therapy. *The New England Journal of Medicine* 1991 October 24;325(17):1189-95. No BMD data
- (719) Prior JC, Vigna YM, Barr SI, Rexworthy C, Lentle BC. Cyclic medroxyprogesterone treatment increases bone density: a controlled trial in active women with menstrual cycle disturbances. *The American Journal of Medicine* 1994 June;96(6):521-30. Subjects were active, NOT sedentary, Drug intervention study
- (720) Pritchard JE, Nowson CA, Wark JD. Bone loss accompanying weight loss: a randomised controlled weight loss study using diet and exercise [abstract]. *Proc Nutr Soc Aust* 1995;19:57. Abstract
- (721) Pritchard JE, Nowson CA, Wark JD. Bone loss accompanying diet-induced or exercise-induced weight loss: a randomised controlled study. *International Journal Of Obesity And Related Metabolic Disorders: Journal Of The International Association For The*

Study Of Obesity 1996 June;20(6):513-20. Inappropriate Intervention, Inappropriate Outcomes

- (722) Proctor KL, Adams WC, Shaffrath JD, Van Loan MD. Upper-limb BMD of female collegiate gymnasts versus controls. *Medicine and Science in Sports and Exercise* 2002 November;34(11):1830-5. Inappropriate Intervention, Cross-sectional study
- (723) Pruitt LA, Taaffe DR, Marcus R. Effects of a one-year high-intensity versus low-intensity resistance training program on BMD in older women. *Journal Of Bone And Mineral Research: The Official Journal Of The American Society For Bone And Mineral Research* 1995 November;10(11):1788-95. No info on whether subjects were sedentary or active
- (724) Pruitt LA, King AC, Obarzanek E, Miller M, O'Toole M, Haskell WL, Fast L, Reynolds S. Reliability of the 7-Day Physical Activity Recall in a Biracial Group of Inactive and Active Adults. *Journal of Physical Activity & Health* 2006 October;3(4):423-38. Not a BMD and/or ground reaction force topic
- (725) Puentedura EJ, Landers MR, Cleland JA, Mintken PE, Huijbregts P, Fernandez-de-Las-Penas C. Thoracic spine thrust manipulation versus cervical spine thrust manipulation in patients with acute neck pain: a randomized clinical trial. *J Orthop Sports Phys Ther* 2011 April;41(4):208-20. Not a BMD and/or ground reaction force topic
- (726) Quittan M. Management of back pain. *Disability & Rehabilitation* 2002 May 20;24(8):423-34. Review article
- (727) Rabon-Stith KM, Hagberg JM, Phares DA, Kostek MC, Delmonico MJ, Roth SM, Ferrell RE, Conway JM, Ryan AS, Hurley BF. Vitamin D receptor FokI genotype influences BMD response to strength training, but not aerobic training. *Experimental Physiology* 2005 July;90(4):653-61. Not a randomized controlled trial (RCT)
- (728) Radak TL. Caloric Restriction and Calcium's Effect on Bone Metabolism and Body Composition in Overweight and Obese Premenopausal Women. *Nutrition Reviews* 2004 December;62(12):468-81. Review article
- (729) Rafferty K, Watson P, Lappe JM. The selection and prevalence of natural and fortified calcium food sources in the diets of adolescent girls. *J Nutr Educ Behav* 2011 March;43(2):96-102. Study limited to children and/or adolescents
- (730) Rai SN, Hudson MM, McCammon E, Carbone L, Tylavsky F, Smith K, Surprise H, Shelso J, Pui CH, Kaste S. Implementing an intervention to improve BMD in survivors of childhood acute lymphoblastic leukemia: BONEII, a prospective placebo-controlled double-blind randomized interventional longitudinal study design. *Contemporary Clinical Trials* 2008;29(5):711-9. Description of study from review or magazine or etc. (not the actual study)
- (731) Rakel A, Sheehy O, Rahme E, LeLorier J. Osteoporosis among patients with type 1 and type 2 diabetes. *Diabetes & Metabolism* 2008 June;34(3):193-205. Review article

- (732) Ramsey-Goldman R, Schilling EM, Dunlop D, Langman C, Greenland P, Thomas RJ, Chang RW. A pilot study on the effects of exercise in patients with systemic lupus erythematosus. *Arthritis Care And Research: The Official Journal Of The Arthritis Health Professions Association* 2000 October;13(5):262-9. Inappropriate Comparison Group, No non-intervention control group
- (733) Randers MB, Nielsen JJ, Krstrup BR, Sundstrup E, Jakobsen MD, Nybo L, Dvorak J, Bangsbo J, Krstrup P. Positive performance and health effects of a football training program over 12 weeks can be maintained over a 1-year period with reduced training frequency. *Scandinavian Journal Of Medicine & Science In Sports* 2010 April 2;20:80-9. Inappropriate Outcomes, No BMD data
- (734) Rantalainen T, Hoffren M, Linnamo V, Heinonen A, Komi PV, Avela J, Nindl BC. Three-month bilateral hopping intervention is ineffective in initiating bone biomarker response in healthy elderly men. *Eur J Appl Physiol* 2011 September;111(9):2155-62. Study less than 6 months
- (735) Rasmussen LB, Hansen GL. Vitamin D: should the supply in the Danish population be increased? *International Journal of Food Sciences & Nutrition* 2000 May;51(3):209. Inappropriate Intervention, Diet Intervention or Supplement Study
- (736) Ray CT, Wolf SL. Review of intrinsic factors related to fall risk in individuals with visual impairments. *Journal of Rehabilitation Research & Development* 2008 November;45(8):1117-24. Review article
- (737) Ready AE. Walking program maintenance in women with elevated serum cholesterol. *Behavioral Medicine* 1996 March;22(1):23. No BMD data, Follow-up Study
- (738) Rector RS, Loethen J, Ruebel M, Thomas TR, Hinton PS. Serum markers of bone turnover are increased by modest weight loss with or without weight-bearing exercise in overweight premenopausal women. *Applied Physiology, Nutrition & Metabolism* 2009 October;34(5):933-41. Inappropriate Intervention, Study less than 6 months
- (739) Redman LM, Rood J, Anton SD, Champagne C, Smith SR, Ravussin E. Calorie restriction and bone health in young, overweight individuals. *Archives Of Internal Medicine* 2008 September 22;168(17):1859-66. Inappropriate Intervention, No exercise only group
- (740) Reid IR. Therapy of osteoporosis: Calcium, vitamin D, and exercise. *American Journal of the Medical Sciences* 1996;312(6):278-86. Review article
- (741) Reid KF, Naumova EN, Carabello RJ, Phillips EM, Fielding RA. Lower extremity muscle mass predicts functional performance in mobility-limited elders. *The Journal Of Nutrition, Health & Aging* 2008 August;12(7):493-8. Inappropriate Intervention, Cross-sectional study
- (742) Remes T, Vaisanen SB, Mahonen A, Huuskonen J, Kr+!ger H, Jurvelin JS, Penttila IM, Rauramaa R. Aerobic exercise and BMD in middle-aged finnish men: a controlled

randomized trial with reference to androgen receptor, aromatase, and estrogen receptor alpha gene polymorphisms small star, filled. Bone 2003 April;32(4):412-20. Same subjects as another study already included

- (743) Remes T, Vaisanen SB, Mahonen A, Huuskonen J, Kroger H, Jurvelin JS, Penttila IM, Rauramaa R. The association of bone metabolism with BMD, serum sex hormone concentrations, and regular exercise in middle-aged men. Bone 2004 August;35(2):439-47. Same subjects as another study already included
- (744) Remes T, Vaisanen SB, Mahonen A, Huuskonen J, Kroger H, Jurvelin JS, Rauramaa R. BMD, body height, and vitamin D receptor gene polymorphism in middle-aged men. Annals Of Medicine 2005;37(5):383-92. Same subjects as another study already included
- (745) Resnick B. Promoting health in older adults: a four-year analysis. Journal Of The American Academy Of Nurse Practitioners 2001;13(1):23-33. Not a randomized controlled trial (RCT)
- (746) Resnick B, Luisi D, Vogel A. Testing the Senior Exercise Self-efficacy Project (SESEP) for use with urban dwelling minority older adults. Public Health Nursing 2008 May;25(3):221-34. Inappropriate Intervention, Study less than 6 months
- (747) Revel M, Mayoux-Benhamou MA, Rabourdin JP, Bagheri F, Roux C. One-year psoas training can prevent lumbar bone loss in postmenopausal women: a randomized controlled trial. Calcified Tissue International 1993 November;53(5):307-11. Inappropriate Comparison Group, No non-intervention control group
- (748) Reventlow SD. Perceived risk of osteoporosis: restricted physical activities? Scandinavian Journal of Primary Health Care 2007 September;25(3):160-5. Not a randomized controlled trial (RCT)
- (749) Ribaya-Mercado JD, Blumberg JB. Vitamin A: Is It a Risk Factor for Osteoporosis and Bone Fracture? Nutrition Reviews 2007 October;65(10):425-38. Review article
- (750) Ribom EL, Piehl-Aulin K, Ljunghall S, Ljunggren O, Naessen T. Six months of hormone replacement therapy does not influence muscle strength in postmenopausal women. Maturitas 2002;42(3):225-31. Inappropriate Intervention, Drug intervention study
- (751) Ribom E, Olofsson H, Piehl-Aulin K, Mallmin H, Ljunghall S. Correlations between Isometric Quadriceps Muscle Strength and BMD. Journal of Musculoskeletal Research 1999 December;3(4):275. Inappropriate Intervention, Observational study
- (752) Riccardi G, Aggett P, Brighenti F, Delzenne N, Frayn K, Nieuwenhuizen A, Pannemans D, Theis S, Tuijelaars S, Vessby B. PASSCLAIM - Body weight regulation, insulin sensitivity and diabetes risk. European Journal of Nutrition 2004 June 2;43:ii7-ii46. Not a BMD and/or ground reaction force topic

- (753) Rittweger J, Frost HM, Schiessl H, Ohshima H, Alkner B, Tesch P, Felsenberg D. Muscle atrophy and bone loss after 90 days' bed rest and the effects of flywheel resistive exercise and pamidronate: results from the LTBR study. *Bone* 2005 June;36(6):1019-29. Inappropriate Intervention, Study less than 6 months
- (754) Rittweger J. Can exercise prevent osteoporosis? *Journal Of Musculoskeletal & Neuronal Interactions* 2006 April;6(2):162-6. Review article
- (755) Rittweger J, Felsenberg D, Maganaris C, Ferretti JL. Vertical jump performance after 90 days bed rest with and without flywheel resistive exercise, including a 180 days follow-up. *European Journal Of Applied Physiology* 2007 July;100(4):427-36. Inappropriate Intervention, Study less than 6 months
- (756) Rittweger J, Felsenberg D. Recovery of muscle atrophy and bone loss from 90 days bed rest: results from a one-year follow-up. *Bone* 2009 February;44(2):214-24. Inappropriate Intervention, Study less than 6 months
- (757) Rittweger J, Beller G, Armbrecht G, Mulder E, Buehring B, Gast U, Dimeo F, Schubert H, de Haan A, Stegeman DF, Schiessl H, Felsenberg D. Prevention of bone loss during 56 days of strict bed rest by side-alternating resistive vibration exercise. *Bone* 2010 January;46(1):137-47. Inappropriate Intervention, Study less than 6 months
- (758) Rivera-Gallardo MT, Ma del Socorro P-C, Barriguete-Melendez JA. [Eating disorders as risk factors for osteoporosis]. *Salud P+blica De M+xico* 2005 July;47(4):308-18. Review article
- (759) Roberts C, Bosch A, Schwellnus M. The effects of magnetism on physiological parameters and implications for athletic performance. *International SportMed Journal* 2008 September;9(3):83-107. Review article
- (760) Robinson BS, Gordon JM, Wallentine SW, Visio M. Relationship between lower-extremity joint torque and the risk for falls in a group of community dwelling older adults. *Physiotherapy Theory & Practice* 2004 September;20(3):155-73. Inappropriate Intervention, Study less than 6 months
- (761) Robinson RJ, Krzywicki T, Almond L, Al-Azzawi F, Abrams K, Iqbal SJ, Mayberry JF. Effect of a low-impact exercise program on BMD in Crohn's disease: a randomized controlled trial. *Gastroenterology* 1998;115:36-41. Subjects were active, NOT sedentary
- (762) Robinson RJ. Crohn's disease, exercise and bone density. *Research and Clinical Forums* 2000;22(2):171-5. Review article
- (763) Rogers LQ, Hopkins-Price P, Vicari S, Markwell S, Pamenter R, Courneya KS, Hoelzer K, Naritoku C, Edson B, Jones L, Dunnington G, Verhulst S. Physical activity and health outcomes three months after completing a physical activity behavior change intervention: persistent and delayed effects. *Cancer Epidemiology, Biomarkers & Prevention: A Publication Of The American Association For Cancer Research*,

Cosponsored By The American Society Of Preventive Oncology 2009
May;18(5):1410-8. Inappropriate Intervention, Follow-up Study

- (764) Rogers ME, Rogers NL, Chaparro BS, Stumpfhauser L, Halcomb CG. Effects of modular course training on mobility in older adults aged 79-90 years. *Disability & Rehabilitation* 2003 February 18;25(4/5):213. Inappropriate Intervention, Study less than 6 months
- (765) Rogol A. Puberty, Exercise and Bone Health. *Hormone Research* 2007 June;68(1):28-30. Study limited to children and/or adolescents
- (766) Rolnick SJ, Kopher R, Jackson J, Rischer LR, Compo R. What is the impact of osteoporosis education and BMD testing for postmenopausal women in a managed care setting? *Menopause* (10723714) 2001 March;8(2):141-8. Inappropriate Intervention, Educational intervention
- (767) Rolnick SJ, Kopher RA, DeFor TA, Kelley ME. Hormone use and patient concerns after the findings of the Women's Health Initiative. *Menopause* (New York, N Y) 2005 July;12(4):399-404. Inappropriate Intervention, Survey or questionnaire
- (768) Rosa BV, Firth EC, Blair HT, Vickers MH, Morel PC, Cockrem JF. Short-term voluntary exercise in the rat causes bone modeling without initiating a physiological stress response. *Am J Physiol Regul Integr Comp Physiol* 2010 October;299(4):R1037-R1043. Animal study
- (769) Rosa BV, Firth EC, Blair HT, Vickers MH, Morel PC. Voluntary exercise in pregnant rats positively influences fetal growth without initiating a maternal physiological stress response. *Am J Physiol Regul Integr Comp Physiol* 2011 May;300(5):R1134-R1141. Animal study
- (770) Rose KJ, Raymond J, Refshauge K, North KN, Burns J. Serial night casting increases ankle dorsiflexion range in children and young adults with Charcot-Marie-Tooth disease: a randomised trial. *Journal of Physiotherapy* 2010 June;56(2):113-9. Study limited to children and/or adolescents
- (771) Rosenblatt KP, Kuro-o M. Klotho, an Aging-Suppressor Gene. *Hormone Research* 2007 February 2;67:191-203. Not a BMD and/or ground reaction force topic
- (772) Rossner S. Obesity in the elderly--a future matter of concern? *Obesity Reviews: An Official Journal Of The International Association For The Study Of Obesity* 2001 August;2(3):183-8. Review article
- (773) Roth DE. Bones and beyond: an update on the role of vitamin D in child and adolescent health in Canada. *Applied Physiology, Nutrition & Metabolism* 2007 August;32(4):770-7. Study limited to children and/or adolescents

- (774) Rotstein A, Harush M, Vaisman N. The effect of a water exercise program on bone density of postmenopausal women. *Journal of Sports Medicine & Physical Fitness* 2008 September;48(3):352-9. Inappropriate Intervention, CT
- (775) Roubenoff R, Weiss L, McDermott A, Heflin T, Cloutier GJ, Wood M, Gorbach S. A pilot study of exercise training to reduce trunk fat in adults with HIV-associated fat redistribution. *AIDS (London, England)* 1999 July 30;13(11):1373-5. Inappropriate Intervention, Study less than 6 months
- (776) Rowland TW. Promoting Physical Activity for Children's Health. *Sports Medicine* 2007 August;37(11):929-36. Study limited to children and/or adolescents
- (777) Rowlands AV, Powell SM, Eston RG, Ingledew DK. Relationship between bone mass and habitual physical activity and calcium intake in 8-11-year-old boys and girls. / Relation entre la densité osseuse, l'activité physique habituelle et la prise de calcium chez des garçons et des filles de 8 à 11 ans. *Pediatric Exercise Science* 2002 November;14(4):358-68. Study limited to children and/or adolescents
- (778) Royer T, Koenig M. Joint loading and BMD in persons with unilateral, trans-tibial amputation. *Clinical Biomechanics (Bristol, Avon)* 2005 December;20(10):1119-25. Inappropriate Intervention, Observational study
- (779) Russell LB, Carson JL, Taylor WC, Milan E, Dey A, Jagannathan R. Modeling All-Cause Mortality: Projections of the Impact of Smoking Cessation Based on the NHEFS. *American Journal Of Public Health* 1998 April;88(4):630-6. Not a BMD and/or ground reaction force topic
- (780) Russo CR, Lauretani F, Bandinelli S, Bartali B, Cavazzini C, Guralinik JM, Ferrucci L. High-frequency vibration training increases muscle power in postmenopausal women. *Archives of Physical Medicine & Rehabilitation* 2003 December;84(12):1854-7. Inappropriate Intervention, Electrical Stimulation
- (781) Rutherford OM. Is there a role for exercise in the prevention of osteoporotic fractures? *British Journal of Sports Medicine* 1999 December;33(6):378-86. Review article
- (782) Ryan AS, Nicklas BJ, Dennis KE. Aerobic exercise maintains regional BMD during weight loss in postmenopausal women. *Journal Of Applied Physiology (Bethesda, Md : 1985)* 1998 April;84(4):1305-10. Inappropriate Intervention, Diet Intervention Study
- (783) Ryan AS. Insulin resistance with aging: effects of diet and exercise. / Resistance à l'insuline chez la personne âgée: conséquences de l'alimentation et de l'exercice. *Sports Medicine* 2000 November;30(5):327-46. Review article
- (784) Ryan AS, Ivey FM, Hurlbut DE, Martel GF, Lemmer JT, Sorkin JD, Metter EJ, Fleg JL, Hurley BF. Regional BMD after resistive training in young and older men and women. *Scandinavian Journal Of Medicine & Science In Sports* 2004 February;14(1):16-23. Inappropriate Intervention, No control group (NC)

- (785) Ryan CW, Huo D, Stallings JW, Davis RL, Beer TM, McWhorter LT. Lifestyle factors and duration of androgen deprivation affect BMD of patients with prostate cancer during first year of therapy. *Urology* 2007 July;70(1):122-6. Inappropriate Intervention, Not an exercise intervention study
- (786) Sahyoun NR. Nutrition Education for the Healthy Elderly Population: Isn't It Time? *Journal of Nutrition Education & Behavior* 2002 March 2;34(2):S42. Review article
- (787) Sakai A, Oshige T, Zenke Y, Yamanaka Y, Nagaishi H, Nakamura T. Unipedal standing exercise and hip BMD in postmenopausal women: a randomized controlled trial. *Journal Of Bone And Mineral Metabolism* 2010;28(1):42-8. Not an exercise intervention study
- (788) Sakamoto K. [Dynamic flamingo therapy]. *Clinical Calcium* 2008 November;18(11):1594-9. Not an exercise intervention study
- (789) Salamone LM, Glynn N, Black D, Epstein RS, Palermo L, Meilahn E, Kuller LH, Cauley JA. Body composition and BMD in premenopausal and early perimenopausal women. *Journal Of Bone And Mineral Research: The Official Journal Of The American Society For Bone And Mineral Research* 1995 November;10(11):1762-8. Inappropriate Intervention, Cross-sectional study
- (790) Salamone LM, Gregg E, Wolf RL, Epstein RS, Black D, Palermo L, Kuller LH, Cauley JA. Are menopausal symptoms associated with BMD and changes in BMD in premenopausal women? *Maturitas* 1998 June 3;29(2):179-87. Inappropriate Intervention, Cross-sectional study
- (791) Salamone LM, Cauley JA, Black DM, Simkin-Silverman L, Lang W, Gregg E, Palermo L, Epstein RS, Kuller LH, Wing R. Effect of a lifestyle intervention on BMD in premenopausal women: a randomized trial. *American Journal of Clinical Nutrition* 1999 July;70(1):97-103. Inappropriate Intervention, Diet Intervention Study
- (792) Salas-Salvado J, Marquez-Sandoval F, Bullo M. Conjugated Linoleic Acid Intake In Humans: A Systematic Review Focusing on Its Effect on Body Composition, Glucose, and Lipid Metabolism. *Critical Reviews in Food Science & Nutrition* 2006 September;46(6):479-88. Review article
- (793) Salem GJ, Wang MY, Azen SP, Young JT, Greendale GA. Lower-extremity kinetic response to activity program dosing in older adults. / Reponse de la cinetique des membres inferieurs au dosage d ' un programme d ' activite physique chez des adultes ages. *Journal of Applied Biomechanics* 2001 May;17(2):103-12. No BMD data
- (794) Salem GJ. Response of immature rat femoral neck and lumbar vertebrae to moderate exercise (Femoral vertebrae, biomechanics). *DAI* 1991;52(03B,):1280. Animal study
- (795) Salminen MJ, Vahlberg TJ, Salonoja MT, Aarnio PTT, Kivela SL. Effect of a risk-based multifactorial fall prevention program on the incidence of falls. *Journal of the American Geriatrics Society* 2009;57(4):612-9. Inappropriate Outcomes, No BMD data

- (796) Santa-Clara H, Fernhall B, Baptista F, Mendes M, Bettencourt Sardinha L. Effect of a one-year combined exercise training program on body composition in men with coronary artery disease. *Metabolism: Clinical And Experimental* 2003 November;52(11):1413-7. Inappropriate Intervention, CT
- (797) Satele L, Welch GL. Osteoporosis and adolescent females. *American Fitness* 2004 March;22(2):56-62. Study limited to children and/or adolescents
- (798) Savine R, Sonksen PH. Is the somatopause an indication for growth hormone replacement? *Journal Of Endocrinological Investigation* 1999;22(5 Suppl):142-9. Not a BMD and/or ground reaction force topic
- (799) Scalbert A, Manach C, Morand C, ReMesy C, Jimenez L. Dietary Polyphenols and the Prevention of Diseases. *Critical Reviews in Food Science & Nutrition* 2005 June;45(4):287-306. Inappropriate Intervention, Diet Intervention or Supplement Study
- (800) Scerpella TA, Dowthwaite JN, Gero NM, Kanaley JA, Ploutz-Snyder RJ. Skeletal Benefits of Pre-Menarcheal Gymnastics Are Retained After Activity Cessation. *Pediatric Exercise Science* 2010 February;22(1):21-33. Study limited to children and/or adolescents
- (801) Schambelan M, Mulligan K, Grunfeld C, Daar ES, LaMarca A, Kotler DP, Wang J, Bozzette SA, Breitmeyer JB. Recombinant human growth hormone in patients with HIV-associated wasting. A randomized, placebo-controlled trial. Serostim Study Group. *Annals Of Internal Medicine* 1996 December 1;125(11):873-82. Inappropriate Intervention, Drug intervention study
- (802) Schneider JK, Mercer GT, Herning M, Smith CA, Prysak MD. Promoting exercise behavior in older adults: using a cognitive behavioral intervention. *Journal of Gerontological Nursing* 2004 April;30(4):45-53. Inappropriate Comparison Group, No non-intervention control group
- (803) Schneider M, Dunton GF, Bassin S, Graham DJ, Eliakim A, Cooper DM. Impact of a School-Based Physical Activity Intervention on Fitness and Bone in Adolescent Females. *Journal of Physical Activity & Health* 2007 January;4(1):17-29. Study limited to children and/or adolescents
- (804) Schoffl I, Kemmler W, Kladny B, Vonstengel S, Kalender WA, Engelke K. In healthy elderly postmenopausal women variations in BMD and BMC at various skeletal sites are associated with differences in weight and lean body mass rather than by variations in habitual physical activity, strength or VO2max. *Journal Of Musculoskeletal & Neuronal Interactions* 2008 October;8(4):363-74. Inappropriate Intervention, Cross-sectional study
- (805) Schousboe JT, DeBold RC, Kuno LS, Weiss TW, Chen Y, Abbott TA, III. Education and phone follow-up in postmenopausal women at risk for osteoporosis: effects on calcium intake, exercise frequency, and medication use. *Disease Management & Health*

Outcomes 2005 December;13(6):395-404. Inappropriate Intervention, Educational intervention

- (806) Schroeder ET, Hawkins SA, Jaque SV. Musculoskeletal adaptations to 16 weeks of eccentric progressive resistance training in young women. *Journal Of Strength And Conditioning Research / National Strength & Conditioning Association* 2004 May;18(2):227-35. Inappropriate Intervention, Study less than 6 months
- (807) Schumann B, Bolm-Audorff U, Bergmann A, Ellegast R, Elsner G, Grifka J, Haerting J, Jager M, Michaelis M, Seidler A. Lifestyle factors and lumbar disc disease: results of a German multi-center case-control study (EPILIFT). *Arthritis Res Ther* 2010;12(5):R193. Inappropriate Intervention, Case-Control / Case Study
- (808) Schwartz AL, Winters-Stone K, Gallucci B. Exercise effects on BMD in women with breast cancer receiving adjuvant chemotherapy. *Oncology Nursing Forum* 2007 May;34(3):627-33. Subjects were active, NOT sedentary
- (809) Schwarz P, Courteix D, Karlsson MK. Exercise and bone. *European Journal of Sport Science* 2006 September;6(3):141-4. Not an exercise intervention study
- (810) Sealey R, Newman R. A specialized exercise programme for a patient suffering from eosinophilic meningitis... including commentary by Kumar S and Chanou K. *International Journal of Therapy & Rehabilitation* 2010 March;17(3):143-9. Inappropriate Intervention, Case-Control / Case Study
- (811) Sedlak CA, Doheny MO, Estok PJ, Zeller RA. Tailored interventions to enhance osteoporosis prevention in women. *Orthopaedic Nursing* 2005 July;24(4):270-8. Inappropriate Intervention, Not a randomized controlled trial (RCT)
- (812) Semler O, Fricke O, Vezyroglou K, Stark C, Stabrey A, Schoenau E. Results of a prospective pilot trial on mobility after whole body vibration in children and adolescents with osteogenesis imperfecta. *Clinical Rehabilitation* 2008 May;22(5):387-94. Study limited to children and/or adolescents
- (813) Seyler TM, Mont MA, Ragland PS, Kachwala MM, Delanois RE. Sports Activity after Total Hip and Knee Arthroplasty: Specific Recommendations Concerning Tennis. *Sports Medicine* 2006 May;36(7):571-83. Not a BMD and/or ground reaction force topic
- (814) Shackelford LC, LeBlanc AD, Driscoll TB, Evans HJ, Rianon NJ, Smith SM, Spector E, Feedback DL, Lai D. Resistance exercise as a countermeasure to disuse-induced bone loss. *J Appl Physiol* 2004 July;97(1):119-29. Study less than 6 months
- (815) Shah K, Armamento-Villareal R, Parimi N, Chode S, Sinacore DR, Hilton TN, Napoli N, Qualls C, Villareal DT. Exercise training in obese older adults prevents increase in bone turnover and attenuates decrease in hip BMD induced by weight loss despite decline in bone-active hormones. *J Bone Miner Res* 2011 July 22. Same subjects as another study already included

- (816) Shan W, Shu-Feng L, Xiang-Ding C, Li-Jun T, Wei-Xia J, Fei-Yan D, Xiao S, Su-Mei X, Cheng J, Yan-Fang G, Xue-Zhen Z, Hong-Wen D. The contributions of lean tissue mass and fat mass to bone geometric adaptation at the femoral neck in Chinese overweight adults. *Annals of Human Biology* 2007 May;34(3):344-53. Inappropriate Intervention, Cross-sectional study
- (817) Shaw BS, Shaw I. Pulmonary function and abdominal and thoracic kinematic changes following aerobic and inspiratory resistive diaphragmatic breathing training in asthmatics. *Lung* 2011 April;189(2):131-9. No BMD data
- (818) Sheffet AM, Ridlen S, Louria DB. Baseline Behavioral Assessment for the New Jersey Health Wellness Promotion Act. *American Journal of Health Promotion* 2006 July;20(6):401-10. Survey or questionnaire
- (819) Shen C, Williams JS, Chyu M, Paige RL, Stephens AL, Chauncey KB, Prabhu FR, Ferris LT, Yeh JK. Comparison of the effects of Tai Chi and resistance training on bone metabolism in the elderly: a feasibility study. *American Journal of Chinese Medicine* 2007 June;35(3):369-81. Inappropriate Comparison Group, No non-intervention control group
- (820) Shen CL, Chyu MC, Pence BC, Yeh JK, Zhang Y, Felton CK, Doctolero S, Wang JS. Green tea polyphenols supplementation and Tai Chi exercise for postmenopausal osteopenic women: safety and quality of life report. *BMC Complement Altern Med* 2010;10:76. Inappropriate Intervention
- (821) Shen CL, Chyu MC, Yeh JK, Zhang Y, Pence BC, Felton CK, Brismee JM, Arjmandi BH, Doctolero S, Wang JS. Effect of green tea and Tai Chi on bone health in postmenopausal osteopenic women: a 6-month randomized placebo-controlled trial. *Osteoporos Int* 2011 July 16. Inappropriate Intervention
- (822) Shen CL, Chyu MC, Yeh JK, Felton CK, Xu KT, Pence BC, Wang JS. Green tea polyphenols and Tai Chi for bone health: designing a placebo-controlled randomized trial. *BMC Musculoskeletal Disorders* 2009;10:110. Inappropriate Intervention, Diet Intervention or Supplement Study
- (823) Sheppard L, Eiser C, Davies HA, Carney S, Clarke SA, Urquhart T, Ryder MJ, Stoner A, Wright NP, Butler G. The Effects of Growth Hormone Treatment on Health-Related Quality of Life in Children. *Hormone Research* 2006 May;65(5):243-9. Study limited to children and/or adolescents
- (824) Sheriff JN, Chenoweth L. Innovative approach to health promotion for the over 45s: using a health check log. *International Journal of Older People Nursing* 2008 December;3(4):225-33. Not a randomized controlled trial (RCT)
- (825) Sherrington C, Whitney JC, Lord SR, Herbert RD, Cumming RG, Close JCT. Effective exercise for the prevention of falls: a systematic review and meta-analysis. *Journal of the American Geriatrics Society* 2008 December;56(12):2234-43. Review article

- (826) Shibata Y, Ohsawa I, Watanabe T, Miura T, Sato Y. Effects of physical training on BMD and bone metabolism. *Journal Of Physiological Anthropology And Applied Human Science* 2003 July;22(4):203-8. Inappropriate Comparison Group, No non-intervention control group
- (827) Shimegi S, Yanagita M, Okano H, Yamada M, Fukui H, Fukumura Y, Ibuki Y, Kojima I. Physical exercise increases BMD in postmenopausal women. *Endocrine Journal* 1994 February;41(1):49-56. Inappropriate Intervention, Cross-sectional study
- (828) Shimizu ME, Ishizaki F, Nakamura S. Results of a home exercise program for patients with osteoporosis resulting from neurological disorders. *Hiroshima Journal Of Medical Sciences* 2002 March;51(1):15-22. No BMD data
- (829) Shirazi KK, Niknami S, Wallace L, Hidarnia A, Rahimi E, Faghihzadeh S. Changes in self-efficacy and decisional balance following an intervention to increase consumption of calcium-rich foods. *Social Behavior & Personality: An International Journal* 2006 October;34(8):1007-15. Inappropriate Intervention, Not an exercise intervention study
- (830) Shirley AB. Women's health: With a focus on HRT and osteoporosis. *DAI* 2002;64(01C):137. Inappropriate Intervention, Survey or questionnaire
- (831) Shrapnel W, Truswell S. Vitamin D deficiency in Australia and New Zealand: What are the dietary options? *Nutrition & Dietetics* 2006 December;63(4):206-12. Inappropriate Intervention, Diet Intervention or Supplement Study
- (832) Signorile JF. Whole body vibration training: a new wave in exercise intervention for older adults? *Journal on Active Aging* 2006 September;5(5):30-7. Inappropriate Intervention, Electrical Stimulation or Whole Body Vibration
- (833) Silverman NE, Nicklas BJ, Ryan AS. Addition of aerobic exercise to a weight loss program increases BMD, with an associated reduction in inflammation in overweight postmenopausal women. *Calcified Tissue International* 2009 April;84(4):257-65. Inappropriate Intervention, Not a randomized controlled trial (RCT)
- (834) Sinaki M, Wahner HW, Offord KP, Hodgson SF. Efficacy of nonloading exercises in prevention of vertebral bone loss in postmenopausal women: a controlled trial. *Mayo Clinic Proceedings Mayo Clinic* 1989 July;64(7):762-9. Subjects were active, NOT sedentary, Inappropriate Intervention
- (835) Sinaki M, Wahner H, Bergstrahl E, Hodgson S, Offord K, Squires R, Swee R, Kao P. Three-year randomized trial of the effect of dose-specified loading and strengthening exercises on BMD of spine and femur in nonathletic, physically active women. *Bone* 1996;19:233-44. Subjects were active, NOT sedentary
- (836) Sinaki M, Itoi E, Wahner HW, Wollan P, Gelzcer R, Mullan BP, Collins DA, Hodgson SF. Stronger back muscles reduce the incidence of vertebral fractures: a prospective 10 year follow-up of postmenopausal women. *Bone* 2002 June;30(6):836-41. Same subjects as another study already included

- (837) Sinaki M, Canvin JC, Phillips BE, Clarke BL. Site specificity of regular health club exercise on muscle strength, fitness, and bone density in women aged 29 to 45 years. *Mayo Clinic Proceedings Mayo Clinic* 2004 May;79(5):639-44. Inappropriate Intervention, Cross-sectional study
- (838) Skelton DA, Beyer N. Exercise and injury prevention in older people. *Scandinavian Journal Of Medicine & Science In Sports* 2003 February;13(1):77-85. Review article
- (839) Skelton DA, Stranzinger K, Dinan SM, Rutherford OM. BMD improvements following FaME (Falls Management Exercise) in frequently falling women age 65 and over: an RCT... 7th World Congress on Aging and Physical Activity. *Journal of Aging & Physical Activity* 2008 July 2;16:S89-S90. Abstract
- (840) Slawta JN, Ross R. Exercise for osteoporosis prevention. *ACSM's Health & Fitness Journal* 2004 November;8(6):12. Review article
- (841) Smedshaug GB, Pedersen JI, Meyer HE. Can vitamin D supplementation improve grip strength in elderly nursing home residents? A double-blinded controlled trial. *Scandinavian Journal of Food & Nutrition* 2007 June;51(2):74-8. Inappropriate Intervention, Diet Intervention or Supplement Study
- (842) Smidt GL, Lin SY, O'Dwyer KD, Blanpied PR. The effect of high-intensity trunk exercise on BMD of postmenopausal women. *Spine* 1992 March;17(3):280-5. Subjects were active, NOT sedentary
- (843) Smith TO, Davies L. Do exercises improve outcome following fixation of ankle fractures? A systematic review. *International Journal of Therapy & Rehabilitation* 2006 June;13(6):273-81. Review article
- (844) Smulders E, Weerdesteyn V, Groen BE, Duysens J, Eijssbouts A, Laan R, van LW. Efficacy of a short multidisciplinary falls prevention program for elderly persons with osteoporosis and a fall history: a randomized controlled trial. *Arch Phys Med Rehabil* 2010 November;91(11):1705-11. Study less than 6 months
- (845) Snow-Harter C, Bouxsein ML, Lewis BT, Carter DR, Marcus R. Effects of resistance and endurance exercise on bone mineral status of young women: a randomized exercise intervention trial. *Journal Of Bone And Mineral Research: The Official Journal Of The American Society For Bone And Mineral Research* 1992 July;7(7):761-9. Subjects were active, NOT sedentary
- (846) Solomon DH, Brookhart MA, Polinski J, Katz JN, Cabral D, Licari A, Avorn J. Osteoporosis action: design of the healthy bones project trial. *Contemporary Clinical Trials* 2005;26:78-94. Description of study from review or magazine or etc. (not the actual study)
- (847) Solomon R, Solomon J. Abstracts from the Current Literature. *Journal of Dance Medicine & Science* 2006 May;10(3/4):117-20. Abstract

- (848) Song EK, Yeom J, Shin HT, Kim SH, Shin WG, Oh JM. Effectiveness of raloxifene on BMD and serum lipid levels in post-menopausal women with low BMD after discontinuation of hormone replacement therapy. *Journal of Clinical Pharmacy & Therapeutics* 2006 October;31(5):421-7. Inappropriate Intervention, Retrospective study
- (849) Song R, Roberts BL, Lee E, Lam P, Bae S. A randomized study of the effects of t'ai chi on muscle strength, BMD, and fear of falling in women with osteoarthritis. *Journal of Alternative & Complementary Medicine* 2010 March;16(3):227-33. Not an exercise intervention study
- (850) Sparks PL. The relationship of vitamin D and selected nutrient intakes, sex hormone binding globulin and markers of bone turnover to BMD in exercising and non-exercising postmenopausal women taking or not taking HRT. *DAI* 2001;62(09B):3974. Same subjects as another study already included
- (851) Spatz BA, Thombs DL, Byrne TJ, Page BJ. Use of the theory of planned behavior to explain HRT decisions. *American Journal of Health Behavior* 2003 July;27(4):445-55. Survey or questionnaire
- (852) Spruit MA, Wouters EFM. New Modalities of Pulmonary Rehabilitation in Patients with Chronic Obstructive Pulmonary Disease. *Sports Medicine* 2007 April;37(6):501-19. Not a BMD and/or ground reaction force topic
- (853) Stanescu CI. Resistance training and measures of inflammation in relation to BMD in postmenopausal women. *DAI* 2005;66(06B):2901. Same subjects as another study already included
- (854) Stengel SV, Kemmler W, Pintag R, Beeskow C, Weineck J, Lauber D, Kalender WA, Engelke K. Power training is more effective than strength training for maintaining BMD in postmenopausal women. *Journal Of Applied Physiology (Bethesda, Md : 1985)* 2005 July;99(1):181-8. Inappropriate Comparison Group, No non-intervention control group
- (855) Stevenson JS. Alcohol use, misuse, abuse, and dependence in later adulthood. *Annual Review of Nursing Research* 2005 June;23:245-80. Not a BMD and/or ground reaction force topic
- (856) Stevenson M, Lloyd Jones M, De Nigris E, Brewer N, Davis S, Oakley J. A systematic review and economic evaluation of alendronate, etidronate, risedronate, raloxifene and teriparatide for the prevention and treatment of postmenopausal osteoporosis. *Health Technology Assessment* 2005;9(22):iii. Review article
- (857) Stewart KJ, Bacher AC, Hees PS, Tayback M, Ouyang P, Jan de Beur S. Exercise effects on BMD relationships to changes in fitness and fatness. *American Journal Of Preventive Medicine* 2005 June;28(5):453-60. Inappropriate Comparison Group, Both groups exercised

- (858) Stewart SR. The effects of an 18-month weight-training and calcium-supplementation program on bone mineral of adolescent girls. *DAI* 1997;59(02B):0608. Study limited to children and/or adolescents
- (859) Straburzynska-Migaj E, Popiel M, Grajek S, Katarzynska-Szymanska A, Lesiak M, Breborowicz P, Sawinski K, Czyz A, Gil L, Kozłowska-Skrzypczak M, Komarnicki M. Exercise capacity, arrhythmic risk profile, and pulmonary function is not influenced by intracoronary injection of Bone Marrow Stem Cells in patients with acute myocardial infarction. *Int J Cardiol* 2011 March 9. Not a BMD and/or ground reaction force topic
- (860) Stuart M, Chard S, Roettger S. Exercise for chronic stroke survivors: A policy perspective. *Journal of Rehabilitation Research & Development* 2008 March;45(2):329-35. Not a BMD and/or ground reaction force topic
- (861) Suarez CL, Moreno Villares JM, Martinez S, V, Aranceta BJ, Dalmau SJ, Gil HA, Lama MR, Martin Mateos MA, Pavon BP. [Calcium intake and BMD in a group of Spanish school-children]. *An Pediatr (Barc)* 2011 January;74(1):3-9. Study limited to children and/or adolescents
- (862) Suetta C, Magnusson SP, Beyer N, Kjaer M. Effect of strength training on muscle function in elderly hospitalized patients. *Scandinavian Journal Of Medicine & Science In Sports* 2007 October;17(5):464-72. Review article
- (863) Sugimoto T, Kaji H, Nakaoka D, Yamauchi M, Yano S, Sugishita T, Baylink DJ, Mohan S, Chihara K. Effect of low-dose of recombinant human growth hormone on bone metabolism in elderly women with osteoporosis. *European Journal Of Endocrinology / European Federation Of Endocrine Societies* 2002 September;147(3):339-48. Inappropriate Intervention, Drug intervention study
- (864) Suhonen R, Valimaki M, Leino-Kilpi H. A review of outcomes of individualised nursing interventions on adult patients. *Journal of Clinical Nursing* 2008 April;17(7):843-60. Review article
- (865) Suominen H. Physical activity and health: Musculoskeletal issues. *Advances in Physiotherapy* 2007 June;9(2):65-75. Review article
- (866) Svendsen OL, Hassager C, Christiansen C. Effect of an energy-restrictive diet, with or without exercise, on lean tissue mass, resting metabolic rate, cardiovascular risk factors, and bone in overweight postmenopausal women. *The American Journal of Medicine* 1993 August;95(2):131-40. Inappropriate Intervention, Study less than 6 months
- (867) Svendsen OL, Hassager C, Christiansen C. Six months' follow-up on exercise added to a short-term diet in overweight postmenopausal women - effects on body composition, resting metabolic rate, cardiovascular risk factors and bone. *International Journal of Obesity* 1994;18:692-8. Inappropriate Intervention, Study less than 6 months
- (868) Svendsen OL, Hassager C, Christiansen C. [Physical exercise as a supplement to diet. Effect on body composition, resting metabolic rate and cardiovascular risk factors in

postmenopausal overweight women]. *Ugeskrift For Laeger* 1994 October 10;156(41):6035-8. Inappropriate Intervention, Study less than 6 months

- (869) Swanenburg J, de Bruin ED, Stauffacher M, Mulder T, Uebelhart D. Effects of exercise and nutrition on postural balance and risk of falling in elderly people with decreased BMD: randomized controlled trial pilot study. *Clinical Rehabilitation* 2007 June;21(6):523-34. Inappropriate Intervention, Study less than 6 months
- (870) Swenson KK, Nissen MJ, Anderson E, Shapiro A, Schousboe J, Leach J. Effects of exercise vs bisphosphonates on BMD in breast cancer patients receiving chemotherapy. *The Journal Of Supportive Oncology* 2009 May;7(3):101-7. Inappropriate Intervention, Drug intervention study
- (871) Swift J, Swift S, Nilsson M, Hogan H, Bouse S, Bloomfield S. Cancellous bone formation response to simulated resistance training during disuse is blunted by concurrent alendronate treatment. *J Bone Miner Res* 2011 April 20. Animal study
- (872) Swift JM, Gasier HG, Swift SN, Wiggs MP, Hogan HA, Fluckey JD, Bloomfield SA. Increased training loads do not magnify cancellous bone gains with rodent jump resistance exercise. *J Appl Physiol* 2010 December;109(6):1600-7. Animal study
- (873) Sykes K. Healthy steps. *Occupational Health* 2009 September;61(9):40-3. Review article
- (874) Taaffe DR, Pruitt L, Pyka G, Guido D, Marcus R. Comparative effects of high- and low-intensity resistance training on thigh muscle strength, fiber area, and tissue composition in elderly women. *Clinical Physiology (Oxford, England)* 1996 July;16(4):381-92. Subjects were active, NOT sedentary
- (875) Taaffe DR, Duret C, Wheeler S, Marcus R. Once-weekly resistance exercise improves muscle strength and neuromuscular performance in older adults. *Journal of the American Geriatrics Society* 1999 October;47(10):1208-14. No info on whether subjects were sedentary or active
- (876) Taaffe DR, Sipila S, Cheng S, Puolakka J, Toivanen J, Suominen H. The effect of hormone replacement therapy and/or exercise on skeletal muscle attenuation in postmenopausal women: a yearlong intervention. *Clinical Physiology & Functional Imaging* 2005 September;25(5):297-304. No BMD data
- (877) Tabak Y, Entok E, Tascioglu F, Zor E, Armagan O, Oner C. The efficacy of intranasal salmon calcitonin in the treatment of reflex sympathetic dystrophia. [Turkish]. *Journal* 2004;15:234-40. Not a BMD and/or ground reaction force topic
- (878) Taylor AH, Cable NT, Faulkner G, Hillsdon M, Narici M, van Der Bij AK. Physical activity and older adults: a review of health benefits and the effectiveness of interventions. *Journal Of Sports Sciences* 2004 August;22(8):703-25. Review article

- (879) Thien TM, Ahnfelt L, Eriksson M, Stromberg C, Karrholm J. Immediate weight bearing after uncemented total hip arthroplasty with an anteverted stem: a prospective randomized comparison using radiostereometry. *Acta Orthopaedica* 2007 December;78(6):730-8. Inappropriate Comparison Group, No non-intervention control group
- (880) Thomas DT, Wideman L, Lovelady CA. Effects of calcium and resistance exercise on body composition in overweight premenopausal women. *J Am Coll Nutr* 2010 December;29(6):604-11. No non-intervention control group
- (881) Thomas T, Reach G, Lespessailles E. [Your patients face the treatment of osteoporosis: How to improve the efficacy of management in clinical practice?]. *La Revue Du Praticien* 2006 January;Spec No:3-11. Not a BMD and/or ground reaction force topic
- (882) Thompson JL, Gylfadottir UK, Moynihan S, Jensen CD, Butterfield GE. Effects of diet and exercise on energy expenditure in postmenopausal women. *The American Journal Of Clinical Nutrition* 1997 October;66(4):867-73. Inappropriate Intervention, Diet Intervention Study
- (883) Thorpe J, Kreisle RA, Glickman LT, Simonsick EM, Newman AB, Kritchevsky S. Physical Activity and Pet Ownership in Year 3 of the Health ABC Study. *Journal of Aging & Physical Activity* 2006 April;14(2):154-68. Not a BMD and/or ground reaction force topic
- (884) Thorvaldson CL. The effects of a specific weight-training exercise program and hormone replacement therapy on bone mass in healthy postmenopausal women. University of Alberta; 1990. Subjects were active, NOT sedentary
- (885) Tolomio S, Lalli A, Travain G, Zaccaria M. [Effects of a combined weight-bearing and non-weight-bearing (warm water) exercise program on bone mass and quality in postmenopausal women with low bone-mineral density]. *La Clinica Terapeutica* 2009 March;160(2):105-9. Inappropriate Intervention, Not a randomized controlled trial (RCT)
- (886) Tomayko EJ, Chung HR, Wilund KR. Soy protein diet and exercise training increase relative bone volume and enhance bone microarchitecture in a mouse model of uremia. *J Bone Miner Metab* 2011 June 3. Animal study
- (887) Toogood AA. The somatopause: an indication for growth hormone therapy? *Treatments In Endocrinology* 2004;3(4):201-9. Review article
- (888) Torstveit MK, Sundgot-Borgen J. Low BMD is two to three times more prevalent in non-athletic premenopausal women than in elite athletes: a comprehensive controlled study. *British Journal of Sports Medicine* 2005 May;39(5):282-7. Not an exercise intervention study
- (889) Trebs AA, Brandenburg JP, Pitney WA. An electromyography analysis of 3 muscles surrounding the shoulder joint during the performance of a chest press exercise at

several angles. *J Strength Cond Res* 2010 July;24(7):1925-30. Not a BMD and/or ground reaction force topic

- (890) Trees AH, Howe TE, Grant M, Gray HG. Withdrawn: Exercise for treating anterior cruciate ligament injuries in combination with collateral ligament and meniscal damage of the knee in adults. *Cochrane Database Syst Rev* 2011;(5):CD005961. Review article
- (891) Trees AH, Howe TE, Dixon J, White L. Withdrawn: Exercise for treating isolated anterior cruciate ligament injuries in adults. *Cochrane Database Syst Rev* 2011;(5):CD005316. Review article
- (892) Troche MS, Okun MS, Rosenbek JC, Musson N, Fernandez HH, Rodriguez R, Romrell J, Pitts T, Wheeler-Hegland KM, Sapienza CM. Aspiration and swallowing in Parkinson disease and rehabilitation with EMST: a randomized trial. *Neurology* 2010 November 23;75(21):1912-9. Not a BMD and/or ground reaction force topic
- (893) Trombetti A, Hars M, Herrmann FR, Kressig RW, Ferrari S, Rizzoli R. Effect of music-based multitask training on gait, balance, and fall risk in elderly people: a randomized controlled trial. *Arch Intern Med* 2011 March 28;171(6):525-33. No BMD data
- (894) Trudeau F, Shephard RJ. Contribution of School Programmes to Physical Activity Levels and Attitudes in Children and Adults. *Sports Medicine* 2005;35(2):89-105. Review article
- (895) Tsai YK, Chen HH, Lin IH, Yeh ML. Qigong improving physical status in middle-aged women. *Western Journal Of Nursing Research* 2008 December;30(8):915-27. Inappropriate Intervention, Not a randomized controlled trial (RCT)
- (896) Tsang TWM, Kohn M, Chow CM, Singh MF. Health benefits of Kung Fu: A systematic review. *Journal Of Sports Sciences* 2008 October;26(12):1249-67. Review article
- (897) Tsukahara N, Toda A, Goto J, Ezawa I. Cross-sectional and longitudinal studies on the effect of water exercise in controlling bone loss in Japanese postmenopausal women. *Journal Of Nutritional Science And Vitaminology* 1994 February;40(1):37-47. Inappropriate Intervention, Cross-sectional study
- (898) Tsuritani I, Brooke-Wavell KS, Mastana SS, Jones PR, Hardman AE, Yamada Y. Does vitamin D receptor polymorphism influence the response of bone to brisk walking in postmenopausal women? *Hormone Research* 1998;50(6):315-9. Same subjects as another study already included
- (899) Tung WC, Lee IFK. Effects of an osteoporosis educational programme for men. *Journal of Advanced Nursing* 2006 October;56(1):26-34. Inappropriate Intervention, Educational intervention

- (900) Tuppurainen M, Honkanen R, Kroger H, Saarikoski S, Alhava E. Osteoporosis risk factors, gynaecological history and fractures in perimenopausal women--the results of the baseline postal enquiry of the Kuopio Osteoporosis Risk Factor and Prevention Study. *Maturitas* 1993 September;17(2):89-100. Survey or questionnaire
- (901) Turner CH, Robling AG. Designing exercise regimens to increase bone strength. *Exercise And Sport Sciences Reviews* 2003 January;31(1):45-50. Review article
- (902) Turner RT, Iwaniec UT. Moderate weight gain does not influence bone metabolism in skeletally mature female rats. *Bone* 2010 September;47(3):631-5. Animal study
- (903) Turner S, Torode M, Climstein M, Naughton G, Greene D, Baker MK, Fiatarone Singh MA. A randomized controlled trial of whole body vibration exposure on markers of bone turnover in postmenopausal women. *J Osteoporos* 2011;2011:710387. Electrical Stimulation or Whole Body Vibration, Study less than 6 months
- (904) Turner S, Arthur G, Lyons RA, Weightman AL, Mann MK, Jones SJ, John A, Lannon S. Modification of the home environment for the reduction of injuries. *Cochrane Database Syst Rev* 2011;(2):CD003600. Review article
- (905) Twiss JJ, Waltman NL, Berg K, Ott CD, Gross GJ, Lindsey AM. An exercise intervention for breast cancer survivors with bone loss. *Journal of Nursing Scholarship* 2009 March;41(1):20-7. No BMD data
- (906) Uesugi S, Watanabe S, Ishiwata N, Uehara M, Ouchi K. Effects of isoflavone supplements on bone metabolic markers and climacteric symptoms in Japanese women. *Biofactors (Oxford, England)* 2004;22(1-4):221-8. Inappropriate Intervention, Diet Intervention or Supplement Study
- (907) Urquhart DS, Fitzpatrick M, Cope J, Jaffe A. Vitamin K prescribing patterns and bone health surveillance in UK children with cystic fibrosis. *Journal of Human Nutrition & Dietetics* 2007 December;20(6):605-10. Study limited to children and/or adolescents, Survey or questionnaire
- (908) Uusi-Rasi K, Kannus P, Cheng S, Sievänen H, Pasanen M, Heinonen A, Nenonen A, Halleen J, Fuerst T, Genant H, Vuori I. Effect of alendronate and exercise on bone and physical performance of postmenopausal women: a randomized controlled trial. *Bone* 2003 July;33(1):132-43. No BMD data
- (909) Uusi-Rasi K, Beck TJ, Sievänen H, Heinonen A, Vuori I. Associations of hormone replacement therapy with bone structure and physical performance among postmenopausal women. *Bone* 2003 June;32(6):704-10. Inappropriate Intervention, Cohort Study
- (910) Uusi-Rasi K, Sievänen H, Heinonen A, Kannus P, Vuori I. Effect of discontinuation of alendronate treatment and exercise on bone mass and physical fitness: 15-month follow-up of a randomized, controlled trial. *Bone* 2004 September;35(3):799-805. No BMD data

- (911) Uusi-Rasi K, Sievanen H, Heinonen A, Beck TJ, Vuori I. Determinants of changes in bone mass and femoral neck structure, and physical performance after menopause: a 9-year follow-up of initially peri-menopausal women. *Osteoporosis International: A Journal Established As Result Of Cooperation Between The European Foundation For Osteoporosis And The National Osteoporosis Foundation Of The USA* 2005 June;16(6):616-22. No BMD data
- (912) Vainionpaa A, Korpelainen R, Leppaluoto J, Jamsa T. Effects of high-impact exercise on BMD: a randomized controlled trial in premenopausal women. *Osteoporosis International: A Journal Established As Result Of Cooperation Between The European Foundation For Osteoporosis And The National Osteoporosis Foundation Of The USA* 2005 February;16(2):191-7. No info on whether subjects were sedentary or active
- (913) Vainionpaa A, Korpelainen R, Vihriala E, Rinta-Paavola A, Leppaluoto J, Jamsa T. Intensity of exercise is associated with bone density change in premenopausal women. *Osteoporosis International: A Journal Established As Result Of Cooperation Between The European Foundation For Osteoporosis And The National Osteoporosis Foundation Of The USA* 2006;17(3):455-63. Same subjects as another study already included
- (914) Vainionpaa AJ. Bone adaptation to impact loading---significance of loading intensity. *DAI* 2007;68(04C):951. Same subjects as another study already included
- (915) Valdimarsson O, Sigurdsson G, Steingrimsdottir L, Karlsson MK. Physical activity in the post-pubertal period is associated with maintenance of pre-pubertal high bone density: A 5-year follow-up. *Scandinavian Journal Of Medicine & Science In Sports* 2005 October;15(5):280-6. Study limited to children and/or adolescents
- (916) van Marken Lichtenbelt WD, Hartgens F, Vollaard NBJ, Ebbing S, Kuipers H. Body composition changes in bodybuilders: a method comparison. *Medicine and Science in Sports and Exercise* 2004 March;36(3):490-7. Inappropriate Intervention, Cross-sectional study
- (917) van Marken Lichtenbelt WD, Hartgens F, Vollaard NBJ, Ebbing S, Kuipers H. Bodybuilders' body composition: effect of nandrolone decanoate. *Medicine and Science in Sports and Exercise* 2004 March;36(3):484-9. Inappropriate Intervention, Drug intervention study
- (918) Van d, Geusens PP, Dinant GJ. Risk factors for osteoporosis related to their outcome: Fractures. *Osteoporosis International* 2001;12(8):630-8. Inappropriate Intervention, Cross-sectional study
- (919) van GS, van Cingel RE, Holla CJ, van Loon CJ. Evidence-based rehabilitation following anterior cruciate ligament reconstruction. *Knee Surg Sports Traumatol Arthrosc* 2010 August;18(8):1128-44. Review article
- (920) Van LL, Claessens AL, Vlietinck R, Derom C, Beunen G. Influence of weight-bearing exercises on bone acquisition in prepubertal monozygotic female twins: a randomized

controlled prospective study. *Calcified Tissue International* 2003;72:666-74. Study limited to children and/or adolescents

- (921) Vance ML. The Gordon Wilson Lecture. Growth hormone replacement in adults and other uses. *Transactions Of The American Clinical And Climatological Association* 1998;109:87-96. Review article
- (922) Vanlint S, Nugent M. Vitamin D and fractures in people with intellectual disability. *Journal of Intellectual Disability Research* 2006 October;50(Part 10):761-7. Inappropriate Intervention, Retrospective study
- (923) Vanni AC, Meyer F, da Veiga AD, Zanardo VP. Comparison of the effects of two resistance training regimens on muscular and bone responses in premenopausal women. *Osteoporos Int* 2010 September;21(9):1537-44. No non-intervention control group
- (924) Vartanian LR, Schwartz MB, Brownell KD. Effects of soft drink consumption on nutrition and health: a systematic review and meta-analysis. *American Journal Of Public Health* 2007 April;97(4):667-75. Review article
- (925) Vatanparast H, Whiting SJ. Calcium Supplementation Trials and Bone Mass Development in Children, Adolescents, and Young Adults. *Nutrition Reviews* 2006 April;64(4):204-9. Review article
- (926) Verhelst J, Abs R. Long-Term Growth Hormone Replacement Therapy in Hypopituitary Adults. *Drugs* 2002 October;62(16):2399-412. Review article
- (927) Verschueren SMP, Roelants M, Delecluse C, Swinnen S, Vanderschueren D, Boonen S. Effect of 6-month whole body vibration training on hip density, muscle strength, and postural control in postmenopausal women: a randomized controlled pilot study. *Journal Of Bone And Mineral Research: The Official Journal Of The American Society For Bone And Mineral Research* 2004 March;19(3):352-9. Electrical Stimulation or Whole Body Vibration
- (928) Vescovi JD, Jamal SA, De Souza MJ. Strategies to reverse bone loss in women with functional hypothalamic amenorrhea: a systematic review of the literature. *Osteoporosis International: A Journal Established As Result Of Cooperation Between The European Foundation For Osteoporosis And The National Osteoporosis Foundation Of The USA* 2008 April;19(4):465-78. Review article
- (929) Villareal DT, Binder EF, Yarasheski KE, Williams DB, Brown M, Sinacore DR, Kohrt WM. Effects of exercise training added to ongoing hormone replacement therapy on BMD in frail elderly women. *Journal of the American Geriatrics Society* 2003 July;51(7):985-90. Inappropriate Comparison Group, No non-intervention control group
- (930) Villareal DT, Fontana L, Weiss EP, Racette SB, Steger-May K, Schechtman KB, Klein S, Holloszy JO. BMD response to caloric restriction-induced weight loss or exercise-

induced weight loss: a randomized controlled trial. Archives Of Internal Medicine 2006 December 11;166(22):2502-10. Inappropriate Intervention

- (931) Villareal DT, Shah K, Banks MR, Sinacore DR, Klein S. Effect of weight loss and exercise therapy on bone metabolism and mass in obese older adults: a one-year randomized controlled trial. The Journal Of Clinical Endocrinology And Metabolism 2008 June;93(6):2181-7. Inappropriate Intervention, Diet Intervention Study
- (932) Vincent KR, Braith RW. Resistance exercise and bone turnover in elderly men and women. Medicine and Science in Sports and Exercise 2002 January;34(1):17-23. No info on whether subjects were sedentary or active
- (933) Vincent KR. The effects of resistance exercise on lipid peroxidation, bone metabolism, and physical performance in adults aged 60--85 years. DAI 1999;60(09B):4513. Same subjects as another study already included
- (934) Vind AB, Andersen HE, Pedersen KD, Jorgensen T, Schwarz P. An outpatient multifactorial falls prevention intervention does not reduce falls in high-risk elderly Danes. Journal of the American Geriatrics Society 2009 June;57(6):971-7. No BMD data
- (935) Visovsky C, Dvorak C. Exercise and cancer recovery. Online Journal of Issues in Nursing 2005 May;10(2):-12p. Review article
- (936) Vogt MT, Cauley JA, Kuller LH, Nevitt MC. BMD and blood flow to the lower extremities: the study of osteoporotic fractures. Journal Of Bone And Mineral Research: The Official Journal Of The American Society For Bone And Mineral Research 1997 February;12(2):283-9. Inappropriate Intervention, Cross-sectional study
- (937) Volpato S, Ble A, Metter EJ, Lauretani F, Bandinelli S, Zuliani G, Fellin R, Ferrucci L, Guralnik JM. High-density lipoprotein cholesterol and objective measures of lower extremity performance in older nondisabled persons: the InChianti study. Journal of the American Geriatrics Society 2008 April;56(4):621-9. Inappropriate Intervention, Cross-sectional study
- (938) Von Heideken Wagert P, Littbrand H, Johansson A, Nordstrom P, Gustafson Y. Jumping exercises with and without raloxifene treatment in healthy elderly women. Journal Of Bone And Mineral Metabolism 2002;20(6):376-82. Inappropriate Intervention, Not a randomized controlled trial (RCT)
- (939) von Muhlen D, Laughlin GA, Kritz-Silverstein D, Barrett-Connor E. The Dehydroepiandrosterone And WellNess (DAWN) study: research design and methods. Contemporary Clinical Trials 2007 February;28(2):153-68. Description of study from review or magazine or etc. (not the actual study)
- (940) von Stengel S., Kemmler W, Engelke K, Kalender WA. Effects of whole body vibration on BMD and falls: results of the randomized controlled ELVIS study with

postmenopausal women. *Osteoporos Int* 2011 January;22(1):317-25. No info on whether subjects were sedentary or active

- (941) von Stengel S, Kemmler W, Mayer S, Engelke K, Klarner A, Kalender WA. [Effect of whole body vibration exercise on osteoporotic risk factors]. *Deutsche Medizinische Wochenschrift* (1946) 2009 July;134(30):1511-6. No info on whether subjects were sedentary or active
- (942) von Stengel S, Kemmler W, Kalender WA, Engelke K, Lauber D. Differential effects of strength versus power training on BMD in postmenopausal women: a 2-year longitudinal study. *British Journal of Sports Medicine* 2007 October 1;41(10):649-55. Inappropriate Comparison Group, No non-intervention control group
- (943) von MD, Laughlin GA, Kritz SD, Barrett CE. The Dehydroepiandrosterone And WellNess (DAWN) study: research design and methods. *Contemporary Clinical Trials* 2007;28:153-68. Inappropriate Intervention, Drug intervention study
- (944) Vuori I, Heinonen A, Sievanen H, Kannus P, Pasanen M, Oja P. Effects of unilateral strength training and detraining on BMD and content in young women: a study of mechanical loading and deloading on human bones. *Calcified Tissue International* 1994 July;55(1):59-67. Inappropriate Intervention, CT
- (945) Wadell K, Henriksson-Larsen K, Lundgren R, Sundelin G. Group training in patients with COPD -- long-term effects after decreased training frequency. *Disability & Rehabilitation* 2005 May 20;27(10):571-81. Inappropriate Intervention, CT
- (946) Wagner G, Kindrick S, Hertzler S, DiSilvestro RA. Effects of various forms of calcium on body weight and bone turnover markers in women participating in a weight loss program. *Journal Of The American College Of Nutrition* 2007 October;26(5):456-61. Inappropriate Intervention, Study less than 6 months
- (947) Wallace LM, Wright S, Parsons A, Wright C, Barlow J. The impact of screening for osteoporosis on bone protecting exercise and dietary calcium intake. *Psychology, Health & Medicine* 2002 November;7(4):477-88. Inappropriate Intervention, Not an exercise intervention study
- (948) Waltman NL, Twiss JJ, Ott CD, Gross GJ, Lindsey AM, Moore TE, Berg K, Kupzyk K. The effect of weight training on BMD and bone turnover in postmenopausal breast cancer survivors with bone loss: a 24-month randomized controlled trial. *Osteoporos Int* 2010 August;21(8):1361-9. No non-intervention control group
- (949) Wang C, Nieschlag E, Swerdloff RS, Behre H, Hellstrom WJ, Gooren LJ, Kaufman JM, Legros JJ, Lunenfeld B, Morales A, Morley JE, Schulman C, Thompson IM, Weidner W, Wu FCW. ISA, ISSAM, EAU, EAA and ASA recommendations: investigation, treatment and monitoring of late-onset hypogonadism in males. *Aging Male* 2009 March;12(1):5-12. Not a BMD and/or ground reaction force topic

- (950) Wang MY. Quantifying musculoskeletal load and adaptation: Biomechanical consideration. DAI 2002;64(06B):2635. No BMD data
- (951) Wang MY, Salem GJ. The relations among upper-extremity loading characteristics and BMD changes in young women. Bone 2004 June;34(6):1053-63. No BMD data
- (952) Wang MY, Flanagan SP, Song JE, Greendale GA, Salem GJ. Relationships among body weight, joint moments generated during functional activities, and hip bone mass in older adults. Clinical Biomechanics (Bristol, Avon) 2006 August;21(7):717-25. Not an exercise intervention study
- (953) Wang NB, Wang H, X, Gao J, X. [Therapeutic effect of exercise therapy on BMD and low back pain in pulmonary tuberculosis patients with osteoporosis]. Zhongguo Linchuang Kangfu 2005;9:176-7. No info on whether subjects were sedentary or active
- (954) Wang S, Cui J, Peng W, Lu M. Intracoronary autologous CD34+ stem cell therapy for intractable angina. Cardiology 2010;117(2):140-7. Not a BMD and/or ground reaction force topic
- (955) Warburton DER, Gledhill N, Quinney A. Musculoskeletal fitness and health. / Condition physique musculosquelettique et sante. Canadian Journal of Applied Physiology 2001 April;26(2):217-37. Review article
- (956) Warburton DER, Katzmarzyk PT, Rhodes RE, Shephard RJ. Evidence-informed physical activity guidelines for Canadian adults. Applied Physiology, Nutrition & Metabolism 2007 December 3;32:S16-S68. Review article
- (957) Ward KA, Roberts SA, Adams JE, Lanham NS, Mughal MZ. Calcium supplementation and weight bearing physical activity--do they have a combined effect on the bone density of pre-pubertal children? Bone 2007;41:496-504. Study limited to children and/or adolescents
- (958) Warner SER. Effects of exercise with and without weight bearing on bone architecture and strength. DAI 2003;64(10B):4709. Inappropriate Intervention, Animal study
- (959) Warren MP, Perlroth NE. The effects of intense exercise on the female reproductive system. Journal of Endocrinology 2001;170(1):3-11. Review article
- (960) Warren MP, Brooks GJ, Fox RP, Holderness CC, Hyle EP, Hamilton WG, Hamilton L. Persistent osteopenia in ballet dancers with amenorrhea and delayed menarche despite hormone therapy: a longitudinal study. Fertility And Sterility 2003;80:398-404. Inappropriate Intervention, Diet Intervention Study
- (961) Warren M. Evaluation of a strength training intervention and physical activity measurement: The Strong, Healthy, and Empowered (SHE) study. DAI 2006;67(08B):4380. Same subjects as another study already included

- (962) Watanabe Y, Ohshima H, Mizuno K, Sekiguchi C, Fukunaga M, Kohri K, Rittweger J, Felsenberg D, Matsumoto T, Nakamura T. Intravenous pamidronate prevents femoral bone loss and renal stone formation during 90-day bed rest. *Journal Of Bone And Mineral Research: The Official Journal Of The American Society For Bone And Mineral Research* 2004 November;19(11):1771-8. Inappropriate Intervention, Study less than 6 months
- (963) Watts NB. Therapies to improve BMD and reduce the risk of fracture: clinical trial results. *The Journal Of Reproductive Medicine* 2002 January;47(1 Suppl):82-92. Review article
- (964) Weiss R. A shot at youth. *Health (Time Inc Health)* 1993 November;7(7):38. Not a BMD and/or ground reaction force topic
- (965) Welch JM, Weaver CM. Calcium and Exercise Affect the Growing Skeleton. *Nutrition Reviews* 2005 November;63(11):361-73. Review article
- (966) Welle S. Cellular and molecular basis of age-related sarcopenia. / Bases cellulaires et moléculaires de la sarcopenie en rapport avec le vieillissement. *Canadian Journal of Applied Physiology* 2002 February;27(1):19-41. Review article
- (967) Weltman A, Veldhuis JD. Single and Combined Effects of Growth Hormone and Testosterone in Healthy Older Men. *Hormone Research* 2006 December 2;66:49-57. Review article
- (968) Wengreen HJ, Munger RG, Corcoran CD. Antioxidant intake and cognitive function of elderly men and women: the Cache County Study. *Alternative Medicine Review* 2007 September;12(3):304. Inappropriate Intervention, Diet Intervention or Supplement Study
- (969) Werle J, Zimmer A. [Prevention of falls in elderly osteoporotic women: conception and effects of an intervention program]. *Zeitschrift F++r Gerontologie Und Geriatrie: Organ Der Deutschen Gesellschaft F++r Gerontologie Und Geriatrie* 1999 October;32(5):348-57. Inappropriate Intervention, Study less than 6 months
- (970) West ST, Shores KA. A Comparison of Four Recreation Facilitation Styles and Physical Activity Outcomes in Elementary School Children. *Journal of Park & Recreation Administration* 2008;26(2):115-33. Study limited to children and/or adolescents
- (971) Westcott WL. Strength training for frail older adults. *Journal on Active Aging* 2009 July;8(4):52-9. Inappropriate Intervention, Study less than 6 months
- (972) Whipple TJ, Le BH, Demers LM, Chinchilli VM, Petit MA, Sharkey N, Williams NI. Acute effects of moderate intensity resistance exercise on bone cell activity. *International Journal Of Sports Medicine* 2004 October;25(7):496-501. Inappropriate Intervention, Study less than 6 months

- (973) White LJ, Dressendorfer RH. Exercise and Multiple Sclerosis. *Sports Medicine* 2004 December;34(15):1077-100. Review article
- (974) Whiteford J, Ackland TR, Dhaliwal SS, James AP, Woodhouse JJ, Price R, Prince RL, Kerr DA. Effects of a 1-year randomized controlled trial of resistance training on lower limb bone and muscle structure and function in older men. *Osteoporos Int* 2010 September;21(9):1529-36. Inappropriate Comparison Group, No non-intervention control group
- (975) Whitehead HM, Boreham C, McIlrath EM, Sheridan B, Kennedy L, Atkinson AB, Hadden DR. Growth hormone treatment of adults with growth hormone deficiency: results of a 13-month placebo controlled cross-over study. *Clinical Endocrinology* 1992 January;36(1):45-52. Inappropriate Intervention, Drug intervention study
- (976) Whitney C, Warburton DER, Frohlich J, Chan S, McKay H, Khan K. Are Cardiovascular Disease and Osteoporosis Directly Linked? *Sports Medicine* 2004;34(12):779-807. Review article
- (977) Wiebe PN, Blimkie JR, Farpour-Lambert N, Briody J, Woodhead H, Cowell C, Howman-Giles R. Correlates and determinants of BMD in prepubertal girls. / Etude des determinants de la densite osseuse chez des filles preadolescentes. *Pediatric Exercise Science* 2002 November;14(4):345-57. Study limited to children and/or adolescents
- (978) Wiebe PN, Blimkie CJ, Farpour LN, Briody J, Marsh D, Kemp A, Cowell C, Howman GR. Effects of single-leg drop-landing exercise from different heights on skeletal adaptations in prepubertal girls: a randomized controlled study. *Pediatric Exercise Science* 2008;20:211-28. Study limited to children and/or adolescents
- (979) Willett KM, Gray B, Moran CG, Giannoudis PV, Pallister I. Orthopaedic trauma research priority-setting exercise and development of a research network. *Injury* 2010 July;41(7):763-7. Not a BMD and/or ground reaction force topic
- (980) Willis KS, Peterson NJ, Larson-Meyer DE. Should We Be Concerned About the Vitamin D Status of Athletes? *International Journal of Sport Nutrition & Exercise Metabolism* 2008 April;18(2):204-24. Not a BMD and/or ground reaction force topic
- (981) Winters-Stone KM, Snow CM. One year of oral calcium supplementation maintains cortical bone density in young adult female distance runners. *International Journal of Sport Nutrition & Exercise Metabolism* 2004 February;14(1):7-17. Inappropriate Intervention, Diet Intervention or Supplement Study
- (982) Winters-Stone KM, Nail L, Bennett JA, Schwartz A. Bone health and falls: fracture risk in breast cancer survivors with chemotherapy-induced amenorrhea. *Oncology Nursing Forum* 2009 May;36(3):315-25. Inappropriate Intervention, Cross-sectional study
- (983) Winters-Stone KM, Dobek J, Nail L, Bennett JA, Leo MC, Naik A, Schwartz A. Strength training stops bone loss and builds muscle in postmenopausal breast cancer

survivors: a randomized, controlled trial. *Breast Cancer Res Treat* 2011 June;127(2):447-56. Subjects were active, NOT sedentary

- (984) Winters-Stone KM, Snow CM. Site-specific response of bone to exercise in premenopausal women. *Bone* 2006 December;39(6):1203-9. Inappropriate Intervention, CT
- (985) Winzenberg T, Oldenburg B, Frendin S, De WL, Riley M, Jones G. The effect on behavior and BMD of individualized BMD feedback and educational interventions in premenopausal women: a randomized controlled trial [NCT00273260]. *BMC Public Health* 2006;6:12. Inappropriate Intervention, Educational intervention
- (986) Winzenberg TM, Oldenburg B, Frendin S, De Wit L, Jones G. A mother-based intervention trial for osteoporosis prevention in children. *Preventive Medicine* 2006 January;42(1):21-6. Educational intervention
- (987) Withers RT, LaForgia J, Pillans RK, Shipp NJ, Chatterton BE, Schultz CG, Leaney F. Comparisons of two-, three-, and four-compartment models of body composition analysis in men and women. *Journal Of Applied Physiology (Bethesda, Md : 1985)* 1998 July;85(1):238-45. Inappropriate Intervention, Not an exercise intervention study
- (988) Wolf SL, Sattin RW, Kutner M, O'Grady M, Greenspan AI, Gregor RJ. Intense Tai Chi exercise training and fall occurrences in older, transitionally frail adults: a randomized, controlled trial... includes commentary by Lavery L and Studenski S. *Journal of the American Geriatrics Society* 2003 December;51(12):1693. No aerobic exercise or WT intervention
- (989) Wolff I, van Croonenborg JJ, Kemper HC, Kostense PJ, Twisk JW. The effect of exercise training programs on bone mass: a meta-analysis of published controlled trials in pre- and postmenopausal women. *Osteoporosis International: A Journal Established As Result Of Cooperation Between The European Foundation For Osteoporosis And The National Osteoporosis Foundation Of The USA* 1999;9(1):1-12. Review article
- (990) Wolker RR, Wilson DG, Allen AL, Carmalt JL. Evaluation of ethyl alcohol for use in a minimally invasive technique for equine proximal interphalangeal joint arthrodesis. *Vet Surg* 2011 April;40(3):291-8. Animal study
- (991) Wong SY, Lau EM, Lau WW, Lynn HS. Is dietary counselling effective in increasing dietary calcium, protein and energy intake in patients with osteoporotic fractures? A randomized controlled clinical trial. *Journal of Human Nutrition & Dietetics* 2004 August;17(4):359-64. Inappropriate Intervention, Diet Intervention Study
- (992) Woo A, Hittell J, Beardsley C, Noh C, Stoukides CA, Kaul AF. An ongoing six-year innovative osteoporosis disease management program: challenges and success in an IPA physician group environment. *Disease Management* 2004 September;7(3):216-25. Educational intervention

- (993) Woo J, Hong A, Lau E, Lynn H. A randomised controlled trial of Tai Chi and resistance exercise on bone health, muscle strength and balance in community-living elderly people. *Age & Ageing* 2007 May;36(3):262-8. No aerobic exercise or WT intervention
- (994) Wootten DF. Short term time-course skeletal responses to high intensity physical exercise. *DAI* 2001;66(11B):5936. Inappropriate Intervention, Study less than 6 months
- (995) Wright MJ, Galea V, Barr RD. Self-Perceptions of Physical Survivors of Acute Lymphoblastic Leukemia in Childhood. *Pediatric Exercise Science* 2003 May;15(2):191. Study limited to children and/or adolescents
- (996) Wu J, Oka J, Tabata I, Higuchi M, Toda T, Fuku N, Ezaki J, Sugiyama F, Uchiyama S, Yamada K, Ishimi Y. Effects of isoflavone and exercise on BMD and fat mass in postmenopausal Japanese women: a 1-year randomized placebo-controlled trial. *Journal Of Bone And Mineral Research: The Official Journal Of The American Society For Bone And Mineral Research* 2006 May;21(5):780-9. Same subjects as another study already included, No BMD data
- (997) Yarasheski KE, Campbell JA, Kohrt WM. Effect of resistance exercise and growth hormone on bone density in older men. *Clinical Endocrinology* 1997 August;47(2):223-9. Inappropriate Intervention, Study less than 6 months
- (998) Yeom HA, Keller C, Fleury J. Interventions for promoting mobility in community-dwelling older adults. *Journal Of The American Academy Of Nurse Practitioners* 2009 February;21(2):95-100. Review article
- (999) Yoo EJ, Jun TW, Hawkins SA. The effects of a walking exercise program on fall-related fitness, bone metabolism, and fall-related psychological factors in elderly women. *Res Sports Med* 2010 October;18(4):236-50. Study less than 6 months
- (1000) Yoshimura N. [Exercise and physical activities for the prevention of osteoporotic fractures: a review of the evidence]. *Nippon Eiseigaku Zasshi Japanese Journal Of Hygiene* 2003 September;58(3):328-37. Review article
- (1001) Yoshimura N. [Intervention in lifestyle factors for the prevention of osteoporosis and osteoporotic fractures]. *Clinical Calcium* 2005 August;15(8):1399-408. Review article
- (1002) Yosipovitch G, Hoon TS, Leok GC. Suggested rationale for prevention and treatment of glucocorticoid-induced bone loss in dermatologic patients. *Archives Of Dermatology* 2001 April;137(4):477-81. Review article
- (1003) Youdas JW, Budach BD, Ellerbusch JV, Stucky CM, Wait KR, Hollman JH. Comparison of muscle-activation patterns during the conventional push-up and perfect. pushup exercises. *J Strength Cond Res* 2010 December;24(12):3352-62. Not a BMD and/or ground reaction force topic

- (1004) Young CM, Weeks BK, Beck BR. Simple, novel physical activity maintains proximal femur BMD, and improves muscle strength and balance in sedentary, postmenopausal Caucasian women. *Osteoporosis International: A Journal Established As Result Of Cooperation Between The European Foundation For Osteoporosis And The National Osteoporosis Foundation Of The USA* 2007 October;18(10):1379-87. Inappropriate Comparison Group, No control group (NC)
- (1005) Yu CCW, Sung RYT, So RCH, Kam-chi LUI, Lau WINN, Lam PKW, Lau EMC. Effects of strength training on body composition and bone mineral content in children who are obese. *Journal of Strength & Conditioning Research (Allen Press Publishing Services Inc)* 2005 August;19(3):667-72. Inappropriate Intervention, Study limited to children and/or adolescents
- (1006) Yu S, Huang Y. Knowledge of, attitudes toward, and activity to prevent osteoporosis among middle-aged and elderly women. *Journal of Nursing Research (Taiwan Nurses Association)* 2003 March;11(1):65-72. Inappropriate Intervention, Survey or questionnaire
- (1007) Zahner L, Puder JJ, Roth R, Schmid M, Guldimann R, Puhse U, Knopfli M, Braun FC, Marti B, Kriemler S. A school-based physical activity program to improve health and fitness in children aged 6-13 years ("Kinder-Sportstudie KISS"): Study design of a randomized controlled trial [ISRCTN15360785]. *BMC Public Health* 2006;6:147TN. Inappropriate Intervention, Study limited to children and/or adolescents
- (1008) Zandt JF, Hahn D, Buchmann S, Beitzel K, Schwirtz A, Imhoff AB, Brucker PU. [May eccentric training be effective in the conservative treatment of chronic supraspinatus tendinopathies? A review of the current literature]. *Sportverletz Sportschaden* 2010 December;24(4):190-7. Review article
- (1009) Zech A, Hubscher M, Vogt L, Banzer W, Hansel F, Pfeifer K. Balance training for neuromuscular control and performance enhancement: a systematic review. *J Athl Train* 2010 July;45(4):392-403. Review article
- (1010) Zerath E, Douce HP, Guezennec CY, Chatard JC. Effect of endurance training on postexercise parathyroid hormone levels in elderly men. *Medicine & Science in Sports & Exercise* 1997 September;29(9):1139-45. Inappropriate Intervention, Study less than 6 months
- (1011) Zhang HF, Wang JB, Zhao QL, Yang SP, Zhao MJ. [Effect of gripping exercise on the radius bone mass of patients with Colles fracture]. *Zhongguo Linchuang Kangfu* 2005;9:136-7. Inappropriate Intervention, Study less than 6 months
- (1012) Zhao J, Zhang L, Tian Y. Effect of 6 months of Tai Chi Chuan and calcium supplementation on bone health in females aged 50-59 years. *Journal of Exercise Science & Fitness* 2007 December;5(2):88-94. Inappropriate Intervention, No aerobic exercise or WT intervention

- (1013) Zheng A, Sakari R, Cheng SM, Hietikko A, Moilanen P, Timonen J, Fagerlund KM, Karkkainen M, Alen M, Cheng S. Effects of a low-frequency sound wave therapy programme on functional capacity, blood circulation and bone metabolism in frail old men and women. *Clinical Rehabilitation* 2009 October;23(10):897-908. Inappropriate Intervention, No aerobic exercise or WT intervention
- (1014) Ziegenfuss TN, Berardi JM, Lowery LM, Antonio J. Effects of Prohormone Supplementation in Humans: A Review. *Canadian Journal of Applied Physiology* 2002 December;27(6):628-45. Review article
- (1015) Zorbas YG, Federenko YF, Naexu KA. Bone mineralization and plasma concentrations of electrolytes in healthy subjects after exposure to hypokinesia and hyperhydration. *Wiener Klinische Wochenschrift* 1993;105(6):167-71. Inappropriate Intervention, Subjects were active, NOT sedentary
- (1016) Zorbas YG, Yaroshenko YN, Kuznetsov NK, Andreyev VG, Federenko YF. Bone histomorphometric changes in trained subjects during prolonged restriction of muscular activity and chronic hyperhydration. *Panminerva Medica* 1997 December;39(4):265-74. Inappropriate Intervention, Subjects were active, NOT sedentary

APPENDIX C

Codebooks for Meta-Analyses

Study Characteristics

study_id1_new	author	source	year	journal	language	language_other	country	country_2	design	type_c
2	Bailey & Brooke-Wavell	journal	2010	Bone	english		United Kingdom	other	rct	other
302	Bassey et al.	journal	1998	J Bone Miner Res	english		United Kingdom	other	rct	nonintervention
298	Bergstrom et al.	journal	2008	Osteoporos Int	english		Sweden	other	rct	other
1057	Bergstrom et al.	journal	2005	Osteoporos Int	english		Sweden	other	rct	other
744	Bocalini et al.	journal	2009	J Aging Health	english		Brazil	other	rct	nonintervention
1170	Brentano et al.	journal	2008	J Strength Cond Res	english		Brazil	other	rct	nonintervention
26	Brooke-Wavell et al.	journal	1997	Clin Sci	english		United Kingdom	other	rct	other
362	Chilibeck et al.	journal	2002	Can J Physiol Pharmacol	english		Canada	other	rct	other
1085	Choquette et al.	journal	2011	Br J Nutr	english		Canada	other	rct	other
405	Englund et al.	journal	2005	Osteoporos Int	english		Sweden	other	rct	nonintervention
407	Friedlander et al.	journal	1995	J Bone Miner Res	english		United States	usa	rct	attention control
161	Going et al.	journal	2003	Osteoporos Int	english		United States	usa	rct	nonintervention
71	Grove & Londeree/Grove	journal	1992	Med Sci Sports Exerc	english		United States	usa	rct	nonintervention
21	Heinonen et al.	journal	1996	Lancet	english		Finland	other	rct	nonintervention
951	Heinonen et al.	journal	1998	J Bone Miner Res	english		Finland	other	rct	attention control
1019	Hong	dissertation	2004	The Chinese University of Hong Kong	english		China	other	rct	nonintervention
135	Iwamoto et al.	journal	2001	J Orthop Sci	english		Japan	other	rct	other
819	Jessup et al.	journal	2003	Biol Res Nurs	english		United States	usa	rct	other
827	Kemmler et al.	journal	2010	Arch Intern Med	english		Germany	other	rct	attention control
205	Kerr et al.	journal	1996	J Bone Miner Res	english		Australia	other	rct	other
322	Kerr et al.	journal	2001	J Bone Miner Res	english		Australia	other	rct	other
1113	Kukuljan et al.	journal	2011	J Clin Endocrinol Metab	english		Australia	other	rct	nonintervention
1118	Liang et al.	journal	2011	Int J Sports Med	english		United States	usa	rct	nonintervention
85	Liu-Ambrose et al.	journal	2004	J Clin Densitom	english		Canada	other	rct	attention control
184	Lohman et al.	journal	1995	J Bone Miner Res	english		United States	usa	rct	nonintervention
1120	Marques et al.	journal	2011	Exp Gerontol	english		Portugal	other	rct	nonintervention
1121	Marques et al.	journal	2011	Calcif Tissue Int	english		Portugal	other	rct	nonintervention
19	Martin & Notelovitz	journal	1993	J Bone Miner Res	english		United States	usa	rct	other
170	Nelson et al.	journal	1994	JAMA	english		United States	usa	rct	nonintervention
863	Newstead et al.	journal	2004	J Geriatr Phys Ther	english		United States	usa	rct	other
365	Prince et al.	journal	1995	J Bone Miner Res	english		Australia	other	rct	other
174	Rhodes et al.	journal	2000	Br J Sports Med	english		Canada	other	rct	nonintervention
30	Villareal et al.	journal	2011	N Engl J Med	english		United States	usa	rct	other
913	Villareal et al.	journal	2004	Age Ageing	english		United States	usa	rct	other
920	Warren et al.	journal	2008	Med Sci Sports Exerc	english		United States	usa	rct	usual care
239	Weaver et al.	journal	2001	Med Sci Sports Exerc	english		United States	usa	rct	nonintervention
922	Westby et al.	journal	2000	J Rheumatol	english		Canada	other	rct	other
105	Wu et al.	journal	2006	Metabolism	english		Japan	other	rct	other
930	Zeilman III	dissertation	2007	Univ. of Florida	english		United States	usa	rct	other

Study Characteristics

type_c_desc	matching
control group included but also had a control leg (unilateral training)	no
	no
control & ex groups both received calcium & Vitamin D supplements	no
control & ex groups both received calcium supplements	no
asked to maintain their normal daily activity routines	no
asked to keep the same activities during the period of 24 weeks	yes
Nine women in control group exercised option of swimming 2x week for 20 minutes	no
placebo	no
control and exercise groups received a placebo (cellulose)	no
control subjects asked not to increase their physical activity during the study	yes
given the option to continue with current level of PA or attend 2 out of 3, 30 minute stretching classes/wk	no
	yes
	yes
asked to maintain their current level of physical activity	yes
Light stretching exercises once a week (Sham exercise)	no
	yes
control & ex groups both received calcium & Vitamin D supplements	no
subjects received 1000 mg of calcium and 400 IU vitamin D per day (same as exercise group)	no
low-frequency, low intensity (50%-60% mhr) activity for 60 minutes, 1x per week for 10 weeks followed by 10 weeks of rest	yes
alternate limb served as the control	no
all subjects received 600 mg elemental calcium per day	no
	yes
required to submit weekly physical activity logs	no
sham exercise (stretching)	yes
subjects asked to maintain their normal daily routine	no
continue their daily routine and refrain from changing physical activity levels	no
asked to continue their daily routines and not to change physical activity levels during the course of the experiment	no
subject's received the same calcium supplementation as the exercise group	no
asked to maintain their current level of physical activity	no
control & ex groups both received calcium supplements	no
subject's received the same calcium supplementation (tablets) as the exercise group	no
instructed to maintain their normal lifestyle throughout the study; offered training program after the study	no
provided general information about a healthy diet during monthly visits with staff	yes
control group did exercises for flexibility, balance and coordination 2.9 +- 1.5 days/wk; all subjects received calcium & Vit D supplements	no
received AHA brochure recommending 30 minutes of moderate intensity activity on most days of the week	no
	yes
usual care + written materials on osteoporosis & pamphlet on ex & arthritis	no
placebo (2 capsules of dextrin, daily in the morning)	no
both groups took 1200 mg calcium and 400 IU Vitamin D every day; asked to continue ADL and to not start exercising	no

Study Characteristics

matching_des	crossover	sequence	allocation	blind_prime	inc_prime	outcome_rep	analysis	sample_size	groups_e
	no	yes	unclear	yes	unclear	unclear	abp	yes	3
	no	yes	unclear	yes	unclear	unclear	abp	yes	3
	no	yes	unclear	no	yes	no	abp & itt	yes	1
	no	yes	unclear	yes	unclear	unclear	abp	no	1
	no	yes	unclear	yes	unclear	unclear	abp	no	1
subjects divided by hrt use (yes versus no) and then randomly assigned to groups	no	yes	unclear	yes	unclear	unclear	abp	yes	2
	no	yes	unclear	yes	yes	unclear	abp	no	1
	no	yes	unclear	yes	unclear	unclear	abp	yes	1
	no	yes	unclear	yes	unclear	yes	abp	no	1
age	no	yes	unclear	yes	yes	unclear	abp	yes	1
	no	yes	yes	yes	yes	unclear	abp	no	1
hrt	no	yes	unclear	yes	unclear	unclear	abp	no	2
bmd, bodyweight	no	yes	unclear	yes	yes	unclear	abp	no	2
weight, oral contraceptive use	no	yes	unclear	yes	yes	unclear	itt	yes	1
	no	yes	unclear	yes	unclear	unclear	abp	no	2
gender	no	yes	unclear	yes	yes	unclear	abp	yes	4
	no	yes	unclear	yes	unclear	unclear	abp	no	1
	no	yes	unclear	yes	yes	unclear	abp	yes	1
age	no	yes	unclear	yes	yes	yes	abp & itt	yes	1
	no	yes	unclear	yes	unclear	unclear	abp	no	2
	no	yes	unclear	yes	unclear	unclear	abp	no	2
age, calcium intake	no	yes	unclear	yes	yes	unclear	itt	yes	2
	no	yes	unclear	yes	unclear	unclear	abp	no	2
postural stability, baseline total hip areal BMD, bisphosphonate use	no	yes	unclear	yes	yes	unclear	abp	yes	2
	no	yes	unclear	yes	unclear	unclear	abp	no	1
	no	yes	unclear	yes	yes	unclear	itt	yes	2
	no	yes	unclear	yes	yes	unclear	abp & itt	yes	1
	no	yes	unclear	yes	unclear	unclear	abp	no	2
	no	yes	unclear	yes	yes	unclear	itt	no	1
	no	yes	unclear	yes	yes	unclear	abp	yes	1
	no	yes	yes	yes	unclear	unclear	abp	no	1
	no	yes	unclear	yes	unclear	unclear	abp	no	1
gender	no	yes	unclear	yes	yes	unclear	itt	yes	1
	no	yes	unclear	yes	yes	unclear	itt	yes	1
	no	yes	unclear	yes	yes	unclear	itt	yes	1
age, oral contraceptive use	no	yes	unclear	yes	unclear	unclear	abp	no	1
	no	yes	unclear	yes	yes	unclear	itt	yes	1
	no	yes	unclear	yes	yes	unclear	abp	no	1
	no	yes	unclear	yes	yes	unclear	abp	yes	1

Study Characteristics

groups_c	groups_t	funded	notes_sc
1	4	no	
3	6	yes	Postmenopausal women with BMD <2.0 SD or any woman with BMD >1.5 SD excluded
1	2	no	all participants has a previous forearm fracture
1	2	no	all participants were perimenopausal
1	2	no	postmenopausal participants not taking hormone replacement therapy
1	3	no	
1	2	yes	
1	2	yes	
1	2	yes	all participants were overweight, postmenopausal women; study also included an exercise and isoflavone and isoflavone only group
1	2	yes	
1	2	yes	exercise + calcium and exercise + placebo combined; control + calcium and control + placebo combined
2	4	yes	exercise & control group on HRT; exercise & control group not on HRT; all subjects received 800 mg calcium citrate supplements daily
1	3	no	
1	2	yes	
1	3	yes	
2	6	yes	
1	2	no	all participants given 2 grams of calcium and 1 microgram of vitamin D3 each day
1	2	yes	all participants received 1000 mg of calcium and 400 IU vitamin D per day
1	2	yes	all participants received 1500 mg of calcium and 500 IU of cholecalciferol (vitamin D) per day
2	4	yes	
1	3	yes	
2	4	yes	exercise and milk versus milk only group included as well as an exercise only versus control group
1	3	yes	
1	3	yes	
1	2	no	
1	3	yes	
1	2	yes	both itt and abp analysis done but data not reported for abp analysis
1	3	yes	subjects in both exercise and control groups were given 1000 mg/d of supplemental calcium
1	2	yes	
1	2	yes	
1	2	yes	subjects in both exercise and control groups were given 1000 mg/d of supplemental calcium
1	2	no	
1	2	yes	all participants received 1500 mg of calcium and 1000 IU of vitamin D per day; limited to obese participants
1	2	yes	subjects were frail elderly participants 78 years of age and older; partial itt
1	2	yes	
1	2	yes	results poorly reported; same study as id# 202 that we chose not to code
1	2	yes	all participants received 1000 mg of calcium and 400 IU vitamin D per day; partial itt
1	2	yes	exercise subjects also received placebo (2 capsules of dextrin daily, in the morning)
1	2	no	all subjects had inflammatory bowel disease

Group Characteristics

study_id2_new	author2	group_id1	group_desc	i_n_e	f_n_e	drop_e
2	Bailey & Brooke-Wavell	1	2 days per week	21	16	24
2	Bailey & Brooke-Wavell	2	4 days per week	22	13	41
2	Bailey & Brooke-Wavell	3	7 days per week	22	16	27
302	Bassey et al.	1	premenopausal		30	
302	Bassey et al.	2	postmenopausal		45	
302	Bassey et al.	3	postmenopausal-hrt		24	
298	Bergstrom et al.	1		60	48	20
1057	Bergstrom et al.	1		20	12	40
744	Bocalini et al.	1		23	15	35
1170	Brentano et al.	1	strength training		9	
1170	Brentano et al.	2	circuit training		10	
26	Brooke-Wavell et al.	1		43	39	9
362	Chilibeck et al.	1		14	10	29
1085	Choquette et al.	1		25	18	28
405	Englund et al.	1		24	21	13
407	Friedlander et al.	1			32	50
161	Going et al.	1	hrt	86	71	17
161	Going et al.	2	no hrt	91	71	22
71	Grove & Londeree/Grove	1	low impact	5	5	0
71	Grove & Londeree/Grove	2	high impact	5	5	0
21	Heinonen et al.	1		49	39	20
951	Heinonen et al.	1	calisthenics	35	26	26
951	Heinonen et al.	2	endurance	32	23	28
1019	Hong	1	tai chi-men	30	30	0
1019	Hong	2	weight training-men	30	29	3
1019	Hong	3	tai chi-women	30	28	7
1019	Hong	4	weight training-women	30	30	0
135	Iwamoto et al.	1			8	
819	Jessup et al.	1		10	9	10
827	Kemmler et al.	1		123	115	7
205	Kerr et al.	1	weight training (high load, low reps)	28	25	11
205	Kerr et al.	2	weight training (low load, high reps)	28	21	25
322	Kerr et al.	1	weight training	42	24	43
322	Kerr et al.	2	circuit training	42	30	29
1113	Kukuljan et al.	1	exercise and milk	45	43	4
1113	Kukuljan et al.	2	exercise only	46	44	4
1118	Liang et al.	1	strength training	30	15	50
1118	Liang et al.	2	step aerobics	32	16	50
85	Liu-Ambrose et al.	1	weight training	34	32	6

Group Characteristics

85	Liu-Ambrose et al.	2	agility training	36	34	6
184	Lohman et al.	1		59	22	63
1120	Marques et al.	1	resistance training	23	15	35
1120	Marques et al.	2	aerobic training	24	19	21
1121	Marques et al.	1		30	27	10
19	Martin & Notelovitz	1	30 minutes	27	20	26
19	Martin & Notelovitz	2	45 minutes	25	16	36
170	Nelson et al.	1		21	20	5
863	Newstead et al.	1		25	23	8
365	Prince et al.	1	exercise and calcium	42	31	26
174	Rhodes et al.	1		22	20	9
30	Villareal et al.	1		26	22	15
913	Villareal et al.	1		69	42	39
920	Warren et al.	1		72	62	14
239	Weaver et al.	1		77	28	64
922	Westby et al.	1		14	11	21
105	Wu et al.	1		34	31	9
930	Zeilman III	1		8	7	13

Group Characteristics

reason_e	adverse_e
changed circumstance (3); time constraints (1); ankle sprain (1)	
changed circumstance (2); time constraints (2); personal reasons (1); lower limb discomfort(1); recurrence of back pain (1); injury unrelated to exercise (2)	
time constraints (1); lower limb discomfort (3); lower back discomfort (2)	
	no
	no
DEXA during HRT (1); inadequate level of training (11), related to intervention	
vaginal bleeding (1); infection (1); knee problems (1); myoma surgery (1); myocardial infarction (1); needed hrt (2); personal reasons (1)	
compliance to exercise less than 90% (5)	
surgery (1); illness/bereavement (2); fall at home (1); hyperthyroidism (1)	
time (4)	
	no
dementia(1);heart failure(1);unspecified knee pain(1)	
nd (reasons reported but not separately for exercise and control groups), unrelated to intervention	
	no
one person injured at 11 months and all but treadmill data collected at post	yes
previous musculoskeletal problems (2); lower-limb overuse injury (2); pregnancy (1); moved (2); lost interest (3), all unrelated to study protocol	no
moved (1); overuse injury (1); lost interest (7)	no
overuse injury (1); lost interest (8)	no
	no
	no
	no
	no
	yes
time (1); illness (1)	no
time (1); illness (1)	no
dropouts (10); noncompliance (5)	
dropouts (10); noncompliance (6)	
time commitment (1); ill health (1)	no

Group Characteristics

time commitment (2)	no
medical issues unrelated to intervention (3); disinterest (3); personal reasons (2)	no
medical issues unrelated to intervention (2); personal reasons (3)	no
medical problems unrelated to intervention (2); personal reasons (1)	no
myocardial infarction while on vacation (1), unrelated to intervention	no
time and/or moved; injury (1)	yes
	no
wanted to lose weight (1); job (1); family (1); medical (1)	yes
personal (3); medical problems (17)	
additional participants were excluded because they became pregnant or started corticosteroid use	
and (reasons reported but not separately for exercise and control groups)	
family problems (1); illness (1); other (1)	
moved (1)	

no
no
transient musculoskeletal pain that required minor modifications to the training program (7)
knee problems (1)
back pain (2); tendon tear and tendonitis (1); ankle fracture (1); hematoma (1); transient atrial fibrillation during exercise (1)

Group Characteristics

i_n_c	f_n_c	drop_c	reason_c	i_n_t	f_n_t	gender
20	19	5	changed circumstances (1)	41	35	females
				22	13	females
				22	16	females
	25				55	females
	32				77	females
	22				46	females
52	44	15	started too extensive training (8)	112	92	females
20	15	25	personal reasons (3); needed hrt (2)	40	27	females
12	10	17		35	25	females
	9				18	females
					10	females
41	40	2	surgery (1)	84	79	females
14	12	14	hysterectomy and hrt (1); hrt (1)	28	22	females
26	22	15		51	40	females
24	19	21	lack of interest (2); death (1); started exercise (2)	48	40	females
	31	50	nd (reasons reported but not separately for exercise and control groups)		63	females
73	65	11		159	136	females
70	59	16		161	130	females
6	5	17		11	10	females
						females
49	45	8	accidental back injury (1); moved (1); lost interest (2)	98	84	females
34	27	21	died from cancer (1); lost interest (6)	69	53	females
				32	23	females
30	29	3		60	59	males
				30	29	males
30	30	0		60	58	females
				30	30	females
	20				28	females
10	9	10		20	18	females
123	112	9		246	227	females
28	25	11		28	25	females
28	21	25		28	21	females
42	36	14		84	60	females
				42	30	females
45	43	4	time (2)	90	86	males
44	42	5	time (1); unsatisfied (1)	90	86	males
28	20	29	dropouts (8)	58	35	females
				32	16	females
34	32	6	time commitment (1); ill (1)	68	64	females

Group Characteristics

				36	34	females
47	34	28		106	56	females
24	20	17	surgery (1); unwilling to participate as control (2); personal reasons (1)	47	35	females
				24	19	females
30	22	27	surgery (2); unwilling to participate as control (3); personal reasons (3)	60	49	females
24	19	21		51	39	females
24				49	16	females
19	19	0	no dropouts	40	39	females
28	26	7	time and or moved	53	49	females
42	35	17		84	66	females
22	18	18	refused to participate or unavailable for testing (4)	44	38	females
27	23	15	lacked interest (3); medical reasons (1)	53	45	mixed
50	38	24	death (1); personal (4); medical (4)	119	80	mixed
76	59	22	additional participants were excluded because they became pregnant or started corticosteroid use	148	121	females
64	27	58	nd (reasons reported but not separately for exercise and control groups)	141	55	females
16	10	38		30	21	females
34	33	3	unable to cope with trial (1)	68	64	females
10	9	10	unable to attend post-test evaluation (1)	18	16	males

Group Characteristics

n_m_e	n_f_e	n_m_c	n_f_c	race/ethnicity	age_e	agesd_e	age_r_e_l	age_r_e_u	age_c	agesd_c	age_r_c_l	age_r_c_u
	16		19		30.7	7.4	18	45	32.9	9.4	18.0	45.0
	13				32.2	10.0	18	45				
	16				34.6	7.9	18	45				
	30		25	white/not hispanic or latino	38.4	7.4			36.4	7.6		
	45		32		55.8	3.3			54.9	4.1		
	24		22		53.7	3.2			53.4	4.5		
	48		44		58.9	4.3	45	65	59.6	3.6	45.0	65.0
	12		15		47.3	2.1	44	51	47.0	2.7	41.0	51.0
	15		10		69.0	34.9	57.0	75	67.0	25.3	57.0	75.0
	9		9									
	10											
	39		40		64.9	3.0	60.0	70.0	64.2	3.1	60.0	70.0
	10		12	east indian (1), all others white/not hispanic or latino	56.8	6.3			58.8	6.2		
	18		22	white	58.0	6.0	50	70	59.0	6.0	50.0	70.0
	21		19		72.8	3.6	66	87	73.2	4.9	66.0	87.0
	32		31	white;asian/not hispanic or latino	28.0	6.8	20	35	30.1	4.0	20.0	35.0
	71		65		54.8	4.0	40	65	54.9	5.0	40.0	65.0
	71		59		55.8	4.7	40	65	57.1	5.0	40.0	65.0
	5		5	white/not hispanic or latino	56.6	4.3	50.0	61.0	56.0	4.5	53.0	64.0
	5			white/not hispanic or latino	54.0	1.9	51.0	56.0				
	39		45		39.0	3.0	35.0	45.0	39.0	3.0	35.0	45.0
	26		27		53.1	0.9	52.0	53.0	53.1	0.8	52.0	53.0
	23				52.9	0.9	52.0	53.0				
30		29		asian/not hispanic or latino	68.2	2.4	65	74	68.1	2.7	65.0	74.0
29				asian/not hispanic or latino	68.7	3.0	65	74				
	28		30	asian/not hispanic or latino	69.7	2.8	65	74	69.3	3.0	65.0	74.0
	30			asian/not hispanic or latino	69.6	3.2	65	74				
	8		20	asian/not hispanic or latino	65.3	4.7	53	77	64.9	5.7	53.0	77.0
	9		9	white/not hispanic or latino	69.1	2.8			69.4	4.2		
	115		112	white/not hispanic or latino	68.9	3.9	65		69.2	4.1	65.0	
	25		25		58.4	3.7	40	70	58.4	3.7	40	70
	21		21		55.7	4.7	40	70	55.7	4.7	40	70
	24		36		60.0	5.0			62.0	6.0		
	30				59.0	5.0						
43		43		white	61.7	7.6	50	79	61.7	7.7	50.0	79.0
44		42		white	60.7	7.1	50	79	59.9	7.4	50.0	79.0
	15		20		23.0	4.2	20	35	25.0	4.7	20.0	35.0
	16				25.0	4.4	20	35				
	32		32	white	79.6	2.1	75	85	79.5	3.2	75.0	85.0

Group Characteristics

	34			white	78.9	2.8	75	85				
	22		34	white/not hispanic or latino	34.2	2.6	28.0	39.0	34.4	2.7	28.0	39.0
	15		20	white	67.3	5.2	61	83	67.9	5.9	61.0	83.0
	19			white	70.3	5.5	61	83				
	27		22	white	70.1	5.4	63	83	68.2	5.7	63.0	83.0
	20		19	white/not hispanic or latino	60.3	7.8			56.7	6.9		
	16			white/not hispanic or latino	57.8	7.1						
	20		19	white/not hispanic or latino	61.1	3.7	50.0	70.0	57.3	6.3	50.0	70.0
	23		26	white (34); hispanic (13); asian (1); indian (1)	56.7	3.2	50	65	56.6	4.1	50.0	65.0
	31		35		63.0	5.0	50.0	70.0	62.0	5.0	50.0	70.0
	20		18		68.8	3.2	65	75	68.2	3.5	65.0	75.0
				white (43); black or african american (8); other (2)	70.0	4.0	65		69.0	4.0	65.0	
31	34	21	26	white (95); other (17)	83.0	4.0			83.0	4.0		
	62		59	white (95); other (53)	36.4	5.5	25	44	36.2	5.6	25.0	44.0
	28		27		24.0	3.8	18	31	24.2	3.7	18.0	31.0
	11		10	white/asian: 14/0 exercise, 15/1 control	56.4	10.1			56.0	10.8		
	31		33	asian	55.2	2.8	45	60	54.9	2.9	45.0	60.0
7		9			50.5	10.1	41	70	59.2	6.6	51.0	72.0

Group Characteristics

ht_e	htsd_e	ht_c	htsd_c	ht_metric	drugs_e	drugs_desc_e
164	5	162	6	centimeters		
164	7			centimeters		
163	8			centimeters		
164	1.2	164	1.3	centimeters	no	
161	6	163	6	centimeters	no	
162	5	161	6	centimeters	yes	
					no	
					no	no medication known to interfere with bone metabolism
					no	use of any medication that may alter calcium or bone metabolism
161.9	6.1	162.9	7.3	centimeters	no	none that could affect bone metabolism
164	6.32	165	3.46	centimeters	no	chronic medication use that might influence bone metabolism or calcium balance
161	6	160	6	centimeters		no medication that influences glucose or lipid metabolism
162	6.3	160.5	5.8	centimeters	no	no medications known to affect bone metabolism
163.4	7.1	163.4	6.9	centimeters	no	not using medications that alter bone density
163.2	6.8	163	5.3	centimeters	no	not using medications that alter bone density
					some	no drugs that could affect calcium metabolism and absorption
					some	no drugs that could affect calcium metabolism and absorption
164	6	165	5	centimeters	some	none that could affect the skeleton
161	6	161	5	centimeters	some	
164	5			centimeters	some	
152	7.84	152	5.66	centimeters	no	none that could affect bone metabolism
						no osteoporosis medications but could have been taking other drugs that alter bmd
161.8	6.1	160.5	5.8	centimeters	no	no medication usage (bisphosphonates, hrt, glucocorticoids, laxatives)
165.2	7	165.2	7	centimeters	no	no medication known to affect bone density including estrogen, steroid hormones, or thiazide diuretics
165.2	6.1	165.2	6.1	centimeters	no	no medication known to affect bone density including estrogen, steroid hormones, or thiazide diuretics
163.3	5.4	162.4	6.6	centimeters	no	no hormone replacement therapy or other medications that could affect bone
165.3	5.8			centimeters	no	no hormone replacement therapy or other medications that could affect bone
174.3	6.3	174.4	5.8	centimeters	no	no medication known to affect bone metabolism
174.2	6.6	175	6.6	centimeters	no	no medication known to affect bone metabolism
158	9.9	159	6	centimeters		
158	8.3			centimeters		
160.1	6	158.3	8.4	centimeters	some	bisphosphonates (21); estrogen replacement therapy (4); no medications that would negatively affect bone density

Group Characteristics

157	6.1			centimeters	some	bisphosphonates (23); estrogen replacement therapy (5); no medications that would negatively affect bone density
165	7.2	165.8	5.8	centimeters	no	none that could affect bone metabolism
					no	no medication known to affect bone metabolism
					no	no medication known to affect bone metabolism
					no	no medication known to affect bone metabolism
162.3	7.1	162.1	4.1	centimeters	no	no medications in the last 12 months that could affect calcium metabolism
159	5.1			centimeters	no	no medications in the last 12 months that could affect calcium metabolism
162.8	6.3	164	8.3	centimeters	no	none that could affect bone metabolism
163.3	4.4	161.7	6.6	centimeters	no	no alendronate, tamoxifen, calcitonin, raloxifene, glucocorticoids, residronate
					no	none that could affect bone metabolism
160.9	5.5	159.3	4.5	centimeters		
					no	no drugs that could affect bone health and metabolism
164	10	163	9	centimeters	no	exclusion criteria: use of bone-acting drugs within previous year
166.3	5.6	165.5	6.5	centimeters		
164.55	7.16	165.85	7.18	centimeters	no	no chronic medication that could affect bone metabolism
162	8	163.5	6.8	centimeters	yes	prednisone (all); DMARD; NSAID
155.3	6.3	156.7	6.3	centimeters	no	no medication known to affect the skeleton
					no	not currently taking hormones, osteoporosis medications or steroids

Group Characteristics

drugs_c	drugs_desc_c	hrt_e	hrt_c	gluc_e	gluc_c	rheum_e
		some	some			
		some				
		some				
no		no	no	no	no	no
no		no	no	no	no	no
yes		yes	yes	no	no	no
no		no	no	no	no	no
no	no medication known to interfere with bone metabolism	no	no	no	no	no
no	use of any medication that may alter calcium or bone metabolism	no	no	no	no	
		some	some			
		some				
no	none that could affect bone metabolism	no	no	no	no	no
no	chronic medication use that might influence bone metabolism or calcium balance	no	no	no	no	no
	no medication that influences glucose or lipid metabolism	no	no			
no	no medications known to affect bone metabolism	no	no	no	no	
		no	no			
no	not using medications that alter bone density	yes	yes	no	no	
no	not using medications that alter bone density	no	no	no	no	
no	no drugs that could affect calcium metabolism and absorption	some	some	no	no	
some	no drugs that could affect calcium metabolism and absorption	some		no		
some	none that could affect the skeleton	some	some	no	no	
some		some	some			
		some				
no	none that could affect bone metabolism	no	no	no	no	
	no osteoporosis medications but could have been taking other drugs that alter bmd	no	no			
no	no medication usage (bisphosphonates, hrt, glucocorticoids, laxatives)	no	no	no	no	
no	no medication known to affect bone density including estrogen, steroid hormones, or thiazide diuretics	no	no	no	no	
no	no medication known to affect bone density including estrogen, steroid hormones, or thiazide diuretics	no	no	no	no	
no	no hormone replacement therapy or other medications that could affect bone	no	no	no	no	
		no		no		
no	no medication known to affect bone metabolism	no	no	no	no	
no	no medication known to affect bone metabolism	no	no	no	no	
		some	some			
		some				
some	bisphosphonates (22); estrogen replacement therapy (4); no medications that would negatively affect bone density	some	some	no	no	

Group Characteristics

		some		no		
no	none that could affect bone metabolism	no	no	no	no	
no	no medication known to affect bone metabolism	no	no	no	no	
		no		no		
no	no medication known to affect bone metabolism	no	no	no	no	
no	no medications in the last 12 months that could affect calcium metabolism	no	no	no	no	
		no		no		
no	none that could affect bone metabolism	no	no	no	no	
no	no alendronate, tamoxifen, calcitonin, raloxifene, glucocorticoids, resdronate	some	some	no	no	
no	none that could affect bone metabolism	no	no	no	no	
						no
no	no drugs that could affect bone health and metabolism			no	no	
no	exclusion criteria: use of bone-acting drugs within previous year	no	no	no	no	some
		some	some			
no	no chronic medication that could affect calcium metabolism	some	some	no	no	
yes	prednisone (all); DMARD; NSAID			yes	yes	yes
no	no medication known to affect the skeleton	no	no	no	no	
no	not currently taking hormones, osteoporosis medications or steroids	no	no	no	no	

Group Characteristics

rheum_c	osteo_e	osteo_c	osteo_sec_e	osteo_sec_c	osteopen_e	osteopen_c	smoke_e	smoke_c	alcoho_e	alcoho_c	regex_e	regex_c
											yes	yes
											yes	
											yes	
no	no	no	no	no			some	some			yes	yes
no	no	no	no	no			some	some			yes	yes
no	no	no	no	no			some	some			yes	yes
no	some	some	no	no	some	some	some	some			yes	yes
no	no	no	no	no	no	no	some	some			yes	yes
											yes	yes
											yes	yes
											yes	
no	no	no	no	no	no	no	some	some			yes	yes
no	no	no	no	no	some	some					yes	yes
							no	no	some	some	yes	yes
	no	no	no	no	no	no	no	no				
	no	no	no	no	no	no					yes	yes
							no	no			yes	yes
							no	no			yes	yes
											yes	yes
											yes	
							no	no			yes	yes
							no	no			yes	yes
							some	some	no	some	yes	yes
							some		some		yes	
							some	some	no	no	yes	yes
							no		no		yes	
	yes	yes			no	no					yes	yes
							no	no			yes	yes
	some	some	no	no			some	some			yes	yes
	no	no									yes	yes
	no	no									yes	yes
											yes	yes
											yes	
	no	no			some	some	no	no			yes	yes
	no	no			some	some	no	no			yes	yes
	no	no			no	no	no	no			yes	yes
	no				no		no				yes	
	some	some			some	some	some	some			yes	yes

Group Characteristics

[illegible]

Group Characteristics

regex_desc
no more than 1 hour per week of high-impact or weight-bearing exercise
no more than 1 hour per week of high-impact or weight-bearing exercise
no more than 1 hour per week of high-impact or weight-bearing exercise
current or recent (12 months) participation in vigorous, regular exercise more than 1h/wk
current or recent (12 months) participation in vigorous, regular exercise more than 1h/wk
current or recent (12 months) participation in vigorous, regular exercise more than 1h/wk
not already training at the level of or above that of the intervention
most performed no regular physical training; none training at a level above that of the intervention
participation in a regular and structured physical activity for the last 3 months
none engaged in any type of competitive exercise and practiced sports occasionally at a recreational level
none engaged in any type of competitive exercise and practiced sports occasionally at a recreational level
not already taking regular exercise
recent participation in a vigorous exercise program
sedentary (no participation in a systematic/supervised exercise program in the last 5 years
assume subjects were generally inactive since 2 control subjects dropped because they started exercising
no history of vigorous physical activity or currently exercising greater than 3 strenuous hours per week
less than 120 minutes of physical activity per week and no weightlifting or similar activity
less than 120 minutes of physical activity per week and no weightlifting or similar activity
women not active during the last year
women not active during the last year
regular exercise not more than 2 times per week
vigorous exercise no more than 2 times per week
vigorous exercise no more than 2 times per week
no tai chi or other regular exercise
no tai chi or other regular exercise
no tai chi or other regular exercise
no tai chi or other regular exercise
no engagement in sporting activity in the previous 5 years
not participating in regular exercise for the previous 12 months
no participation in exercise studies in the past 2 years or athletic history last decade; average self-rated PA score 4 (range 1-7 with 1 low, 7 high)
not exercising for more than 3 hours per week at a high intensity; no racquet sports or weight training in last 5 years
not exercising for more than 3 hours per week at a high intensity; no racquet sports or weight training in last 5 years
not exercising for more than 2 hours per week at a moderate intensity; no weight training in last 5 years
not exercising for more than 2 hours per week at a moderate intensity; no weight training in last 5 years
no participation in resistance training in the past 12 months and/or high-impact weight bearing activities for greater than 30 minutes three times per week in the preceding 6 months
no participation in resistance training in the past 12 months and/or high-impact weight bearing activities for greater than 30 minutes three times per week in the preceding 6 months
not engaged in regular exercise training in the last 6 months and VO2 max less than or equal to 38 ml/kg/min
not engaged in regular exercise training in the last 6 months and VO2 max less than or equal to 38 ml/kg/min
not exercising regularly more than 2 times per week

Group Characteristics

not exercising regularly more than 2 times per week
no history of participation in athletics, a regular exercise program for up to 2 years prior to the study; leisure or occupational activities requiring regular lifting, carrying or pushing against resistance
not engaged in regular exercise training in the last year
not engaged in regular exercise training in the last year
not engaged in regular exercise training in the last year
not involved in any systematic aerobic or strength training program in the last 12 months
not involved in any systematic aerobic or strength training program in the last 12 months
no strength training and less than 20 minutes of aerobic exercise two times per week
no current involvement in regular aerobic exercise and/or weight training exercise
excluded if exercising more than 1 hour per week in last year; average baseline physical activity equivalent to brisk walking 1.5 hours per day for the 2 most active hours in the day
no regular exercise of more than 30 minutes, 3 times per week; not actively engage in an organized activity program
sedentary lifestyle
sedentary
sedentary
minimally active (not exercising for more than 2 hours per week in the last year)
not currently exercising (but advised to continue with regular physical activities & therapy (physical and occupational) as needed
sedentary (no regular sports activities for at least 2 years)
sedentary (not currently participating in regular exercises such as walking, jogging, cycling, dance aerobics, strength training, etc. and have not done so for the previous 12 months)

Group Characteristics

pachange_e	pachange_c	meno_e	meno_c	meno_yrs_e	meno_yrs_sd_e	meno_yrs_c	meno_yrs_sd_c	calcium_e	calcium_c	vitd_e	vitd_c	fract_e
		premenopausal	premenopausal					no	no	no	no	
		premenopausal						no		no		
		premenopausal						no		no		
no change	no change	premenopausal	premenopausal									
no change	no change	postmenopausal	postmenopausal	6.8	4.2	5.2	4	some	some			
no change	no change	postmenopausal	postmenopausal	6	4.3	6.7	4.1	some	some			
		postmenopausal	postmenopausal					yes	yes	yes	yes	yes
		perimenopausal	perimenopausal					yes	yes			
		postmenopausal	postmenopausal									no
		postmenopausal	postmenopausal									
		postmenopausal										
		postmenopausal	postmenopausal	15.1	5.5	14.6	6.6					
no change	no change	postmenopausal	postmenopausal	8.6	6.96	8.3	5.89	yes	yes	yes	yes	
		postmenopausal	postmenopausal	8	8	10	8					
no change	no change	postmenopausal	postmenopausal	24.7		22.8						
		premenopausal	premenopausal					some	some	yes	yes	
		postmenopausal	postmenopausal					yes	yes			no
		postmenopausal	postmenopausal					yes	yes			no
		postmenopausal	postmenopausal	3.47	2.01	3.9	1.75	no	no			
		postmenopausal		4.1	2.97			no				
no change	no change	premenopausal	premenopausal									
		mixed	mixed									
		mixed										
		postmenopausal	postmenopausal									
		postmenopausal										
	no change	postmenopausal	postmenopausal	16.3	5.9	14.8	6.4	yes	yes	yes	yes	
		postmenopausal	postmenopausal	23.7	11.3	22.1	11.2	yes	yes	yes	yes	
no change	no change	postmenopausal	postmenopausal	20.1		19.4		yes	yes	yes	yes	
		postmenopausal	postmenopausal	7.8	3.5	7.8	3.5	no	no			
		postmenopausal	postmenopausal	6.3	4	6.3	4	no	no			
		postmenopausal	postmenopausal	11	6	12	6	yes	yes			
		postmenopausal		9	5			yes				
no change	no change							yes	yes	yes	yes	no
no change	no change							no	no	no	no	no
		premenopausal	premenopausal					yes	yes			
		premenopausal						yes				
		postmenopausal	postmenopausal	29.8	5	29.7	6.3	no	no	no	no	some

Group Characteristics

		postmenopausal		30.3	6.5			no		no		some
no change	no change	premenopausal	premenopausal					yes	yes			
no change	no change	postmenopausal	postmenopausal	19.7		19.2						
no change		postmenopausal		22								
no change	no change	postmenopausal	postmenopausal	22.3		20						
		postmenopausal	postmenopausal	12.75	8.75	8.5	7	yes	yes	yes	yes	
		postmenopausal		9.5	8.92			yes		yes		
increase	decrease	postmenopausal	postmenopausal	11.6	5	9.8	4.6	some	some			some
		postmenopausal	postmenopausal	10	6.5	9.7	6.5	yes	yes			no
		postmenopausal	postmenopausal	16	5	16	6	yes	yes			
		postmenopausal	postmenopausal									
		postmenopausal	postmenopausal					yes	yes	yes	yes	
		postmenopausal	postmenopausal					yes	yes	yes	yes	
no change	no change	premenopausal	premenopausal					no	no	no	no	
		premenopausal	premenopausal									
	no change	mixed	mixed					yes	yes	yes	yes	no
		postmenopausal	postmenopausal	3.6	1.8	3.7	2.1	no	no	no	no	
								yes	yes	yes	yes	

Group Characteristics

fract_c	fract_par_e	fract_par_c	strength_e	ex_type	ex_type_other	length	freq_ae	freq_r_l_ae	freq_r_u_ae	int_ae	int_r_l_ae	int_r_u_ae
				strength	unilateral hopping	24						
				strength	unilateral hopping	24						
				strength	unilateral hopping	24						
			no change	strength	vertical jumps	20						
			no change	strength	vertical jumps	51						
			no change	strength	vertical jumps	51						
yes			increase	both		52		4	5			
			no change	both		78	5					
no			increase	strength		24						
			increase	strength		24						
			increase	strength		24						
				aerobic		52	4	3.5	4.8	71		
			increase	strength		52						
				both		24	3				40	85
			increase	both	aerobic,strength,balance,coordination	47	2					
			increase	both		104	2				70	85
no			increase	both		52	3			60		
no			increase	both		52	3			60		
				aerobic		52	3					
				aerobic		52	3					
			no change	aerobic		78	2.5					
			no change	strength		78						
			no change	aerobic		78	3.2			72	55	75
			no change	aerobic	tai chi	52	3					
			increase	strength		52						
			no change	aerobic	tai chi	52	3					
			no change	strength		52						
				both		104	7					
			no change	both	also did balance exercises	32	3					
				both		78	2				70	85
			increase	strength		52						
			increase	strength		52						
				strength		104						
				both		104	3					
no			increase	both		72	3					
no			increase	both		72	3					
			increase	strength		52						
			no change	aerobic		52	3					
some				strength		25						

Group Characteristics

			other	agility training	25	2					
			increase	strength	78						
			increase	strength	32						
			no change	aerobic	32	3				50	85
			increase	both	32	2					
				aerobic	52	3			78.65	70	85
				aerobic	52	3			80.3	70	85
some			increase	strength	52						
no				other	52	3					
				aerobic	104				60		
			increase	strength	52						
			increase	both	52	3				65	85
			increase	both	24	2.2			80		
			increase	strength	104						
			increase	both	96						
no				both	52	2.1				60	75
				aerobic	24	3					
				aerobic	32	3					

Group Characteristics

int_met_ae	int_other_ae	int_c_ae	dur_ae	dur_r_l_ae	dur_r_u_ae	prescription_ae
				25	30	prescribed
				25	30	prescribed
mhr	walked at brisk pace when hr not monitored	53.13		14.8	20.4	completed
hrr	also did interval training at 90% of MHR		30			prescribed
			10			prescribed
mhr			40			prescribed
mhr		35.94		20	25	prescribed
mhr		35.94		20	25	prescribed
			20			prescribed
			20			prescribed
			20			completed
vo2		72.00	30			completed
			45			prescribed
			45			prescribed
						completed
				30	45	prescribed
mhr			20			prescribed
						prescribed
						prescribed
						prescribed
			40			prescribed

Group Characteristics

			50			prescribed
hrr				35	40	prescribed
			15			prescribed
mhr		65.08	30			prescribed
mhr		67.66	45			prescribed
						prescribed
mhr		35.94		180	240	prescribed
mhr						prescribed
mhr		67.19	25	15	30	completed
						prescribed
mhr				15	20	completed
other	walk 5 to 6 km/hr		45			prescribed
			50			prescribed

Group Characteristics

mode_ae
walk/other
walk/other
walk
cycle/jog/walk
walk/jog/other
high-impact aerobic workout (low-impact available)
walk/jog/other
walk/jog/other
charleston/heel jack without jump/fast walk/slow walk
jumping jacks/knee-to-elbow jump/running in place
jump training
other
cycle/jog/stairclimb/walk/other
Yang style of tai chi (24 forms)
Yang style of tai chi (24 forms)
walk
walk/stair climb
aerobic dance
stationary cycling as part of a circuit training program
3 sets of 10 to 20 repetitions of single and double foot landings, bench stepping and jumping
3 sets of 10 to 20 repetitions of single and double foot landings, bench stepping and jumping
step/hop/w/run/2-legged hops

Group Characteristics

other
stepping, skipping, graded walking, jogging, dancing, aerobics and step choreographies
weight bearing exercise (moderate to high impact marching in place, stepping exercise, heel drops)
jog/walk
jog/walk
other
walk/other
stair climbing, stationary cycling, walking on a treadmill
walking on treadmill, cycling, rowing
other
walking & marching combined with repetitive arm movements
walking
walking with weighted vest

Group Characteristics

mode_ae_other	comply_ae	comply_r_l_ae	comply_r_u_ae
3 walks/wk plus 25 min aerobic ex in training session mixed with 25 min strengthening workout	95		
3 walks/wk plus 25 min aerobic ex in training session mixed with 25 min strengthening workout			
also did 1-2 days per week of interval training after 3 months (4 minutes of exercise, 3 minutes of recovery)			
steps, arm movements	67	23	95
	61.3		
skip/hop/sc/step box w/weighted vests	79.9		
skip/hop/sc/step box w/weighted vests	79.9		
	80		
	82.6		
	83		
calisthenics			
graded treadmill exercises	80		
	77		
	84		
increased daily step count by 61.3% per day			
wore weighted vest while walking and stair climbing			
	76.3		
	77		
moderate-impact weight bearing exercises in between resistance training exercises	63		
moderate-impact weight bearing exercises in between resistance training exercises	63		

Group Characteristics

ball games, relay races, dance movements, obstacle courses	87		
	77.7	64.2	96.8
	72.4	51.6	85.9
	78.35		
	83.8		
multidirectional jumping (25 to 200 jumps per session) progressing from the floor to 4 inch and then 6 inch steps	75		
	39		
	88	85	92
	73.3		
jump rope	43.7		
	71		
	96		

Group Characteristics

comply_notes_ae	tmin_ae	tmin_adj	supervision_ae	location_ae
			both	home and facility based
			both	home and facility based
			both	home and facility based
			unsupervised	
			unsupervised	
			both	home and facility based
subjects had to attend at least 85% of sessions to be included	90.00		supervised	facility based
for combined program	20.00	13.40	supervised	home and facility based
	80.00	49.04	supervised	facility based
for exercise completers only			supervised	facility based
for exercise completers only			supervised	facility based
	60.00	48.00	supervised	facility based
	60.00	49.56	supervised	facility based
	50.00	41.50	supervised	facility based
			both	
	96.00	76.80	both	
	135.00	103.95	both	home and facility based
	135.00	113.40	both	home and facility based
			unsupervised	home based
			supervised	facility based
	40.00	30.52	supervised	facility based
compliance for combined ae & wt			supervised	facility based
95% CI, 57% to 69%			supervised	facility based
95% CI, 57% to 69%			supervised	facility based
had to attend at least 80% of sessions	120.00		supervised	facility based

Group Characteristics

	100.00	87.00	supervised	facility based
also did strength exercises for the first 6 weeks			supervised	facility based
median versus mean reported; compliance for both ae and st	30.00	21.72	supervised	facility based
	90.00	70.52	supervised	facility based
	135.00	113.13	supervised	facility based
			both	home and facility based
			both	home and facility based
reported as median and interquartile range and combined for aerobic and weight training groups			supervised	facility based
	55.00	40.32	supervised	facility based
	60.00	26.22	unsupervised	home and facility based
compliance for combined aerobic & weight training			unsupervised	home based
number of steps increased in walking group	135.00		supervised	facility based
	150.00	144.00	unsupervised	home based

Group Characteristics

participation_ae	freq_str	freq_r_l_str	freq_r_u_str	int_str	int_r_l_str	int_r_u_str	dur_str	dur_r_l_str	dur_r_u_str	sets_str	sets_l_str	sets_u_str	reps_str
	2									5			10
	4									5			10
	7									5			10
group & self	6						10			5			10
group & self	6						10			5			10
group & self	6						10			5			10
		1	2				25						
	2						25						
	3			85	50	85	60			3			10
	3				45	80	55				2	4	
	3				45	60	55				2	3	
group & self													
	3			70						2			
	3				60	85	30				1	4	
group & self	2						12			2			
group	3						40						
	3				70	80				2			
	3				70	80				2			
group													
group													
group													
	2.6						30			3			16
group & self													
	3									1			30
group & self													
	3									1			30
self	5	5	7							2			15
	3				50	75		30	45				
group	4										1	3	
	3			50.9	40	60		20	30	3			8
	3			15.45	10	20		45	60	3			20
	3						30			3			8
	3						30						
	3				50	85					2	3	
	3				50	85					2	3	
	2.3				65	80	40				1	3	
group													
	2				50	85	50			2			

[illegible]

Group Characteristics

reps_l_str	reps_u_str	rest_str	rest_l_str	rest_u_str	exn_str	equipment_str	prescription_str	type_str
					1	body weight	prescribed	other
					1	body weight	prescribed	other
					1	body weight	prescribed	other
					1		prescribed	other
					1		prescribed	other
					1		prescribed	other
							prescribed	
							prescribed	
		60			12		prescribed	traditional
6	20	120			10	machine and free weights	prescribed	traditional
10	20	0			10	machine and free weights	prescribed	circuit
8	10				12	plate loaded machines (Pulse Fitness Systems & Life Fitness)	prescribed	traditional
4	15					free weights and selective plate machines	prescribed	traditional
8	12					body weight and dumbbells	prescribed	
						body weight, dumbbells, barbells, ankle/wrist weights	prescribed	other
6	8				7	free weights, machine, therabands, physiotherapy balls, weighted vests	prescribed	traditional
6	8				7	free weights, machine, therabands, physiotherapy balls, weighted vests	prescribed	traditional
					8	wrist and ankle weights	completed	other
					7	therabands	prescribed	other
					7	therabands	prescribed	other
					4	body weight	completed	other
8	10					Nautilus-type machines	prescribed	traditional
8	15		20		12	body weight and therabands	prescribed	other
8	10		120	180	11	free weights & resistance machines	prescribed	traditional
20	25		120	180	11	free weights & resistance machines	prescribed	traditional
					9		prescribed	traditional
		10			9		prescribed	circuit
8	20				8	machine and free weights	prescribed	
8	20				8	machine and free weights	prescribed	
8	15				8		completed	circuit
6	15				9	Keiser pneumatic resistance machines & free weights	prescribed	traditional

Group Characteristics

8	12				12	free weights	prescribed	traditional
6	15	120			8	variable resistance machines (Nautilus)	prescribed	traditional
8	15					weighted vests, elastic bands and dumbbells	prescribed	other
			90	120	5	Keiser pneumatic resistance machines	prescribed	traditional
					6	Universal Gym	prescribed	circuit
6	12				9	machines	prescribed	traditional
6	12				8		completed	traditional
8	10					variable resistance machines and free weights	prescribed	traditional
8	12	15			16	Universal super circuit	prescribed	circuit
						hand and cuff weights	completed	other

Group Characteristics

mode_str	mode_other_str	comply_str
yes	hopping on one limb; subjects completed 86 hops per week	84
yes	hopping on one limb; subjects completed 189 hops per week	90
yes	hopping on one limb; subjects completed 312 hops per week	86
yes		
yes		
yes		
yes		95
yes		
yes	emphasis was on eccentric contractions	90
yes		
yes		
yes		77.6
yes	movement centered around 3 core exercises: leg press, bench press, lat pulldown	
yes	also performed exercises for static and dynamic balance	67
yes	Variety Training Program (circuit training); other (traditional)	61.3
yes		79.9
yes		79.9
yes	8 rhythmic muscular strength-endurance calisthenics exercises	66
yes	therabands	73
yes	therabands	80
yes		
yes		
yes	isometric and isotonic exercise in circuit and traditional format, balance, gymnastics, stretching	59.25
yes		87
yes		89
yes		74
yes	subjects performed all exercises for 40 seconds followed by a 10 second break	77
yes	squats or leg press, lunges, hip aduction/abduction, pulldown or seated row, back extension, combincation of abdominal and core stability exercises	63
yes	squats or leg press, lunges, hip aduction/abduction, pulldown or seated row, back extension, combination of abdominal and core stability exercises	63
yes		
yes		85

Group Characteristics

166

yes		84
yes		78.4
yes	squats while wearing weighted vests, hip flexors, extensors, abductors, knee flexors and extensors, upper body exercises	72.4
yes		87.5
yes		85
yes		88
yes		73.3
yes		67
yes	participants performed super circuit training	46.7
yes	low load strengthening exercises for the major peripheral muscle groups	71

Group Characteristics

comply_r_l_str	comply_r_u_str	comply_notes_str	supervision_str
65	100		unsupervised
74	100		unsupervised
65	97		unsupervised
		Compliance reported as the median \pm IQR (69% \pm 27%)	both
		Compliance reported as the median \pm IQR (91% \pm 13%)	both
		Compliance reported as the median \pm IQR (91% \pm 13%)	both
			unsupervised
			unsupervised
		compliance was at least 90%	supervised
			supervised
			supervised
			supervised
		also did 1-2 days per week of interval training after 3 months (4 minutes of exercise, 3 minutes of recovery)	supervised
23	95	compliance for combined program	supervised
		compliance for intervention (3 alternating classes: aerobic, circuit, traditional)	supervised
		for exercise completers only	supervised
		for exercise completers only	supervised
			both
			supervised
			supervised
			unsupervised
			supervised
		averaged group (76.3%) and home-based (42.2%) compliance	both
67	98		supervised
69	100		supervised
			supervised
		compliance for combined ae & wt	supervised
		95% CI, 57% to 69%	supervised
		95% CI, 57% to 69%	supervised
		has to attend at least 80% of the sessions	supervised
			supervised

Group Characteristics

			supervised
61.6	95.9		supervised
51.6	85.9	median versus mean reported; compliance for both ae and st	supervised
			supervised
		86% for first 3 months; 85% for last 9 months	both
85	92	reported as median and interquartile range and combined for aerobic and weight training groups	supervised
			supervised
30	100		both
			unsupervised
		compliance for combined aerobic & weight training	unsupervised

Group Characteristics

location_str	participation_str	BPAQ_1	BPAQ_2	load stimulus_bpaq1	load stimulus_bpaq2	load rating_bpaq1	load rating_bpaq2	grf	rfa
home based	self	6.44	0.53	4.88	0.40	122.0	10.0	2.8	
home based	self	8.59	0.7	4.88	0.40	122.0	9.9	2.8	
home based	self	10.74	0.88	4.44	0.36	111.0	9.1	2.8	
home and facility based	group & self	27.24	27.24	13.62	13.62	340.5	340.5	3.01	43.0
home and facility based	group & self	27.24	27.24	13.62	13.62	340.5	340.5	3.96	155.6
home and facility based	group & self	27.24	27.24	13.62	13.62	340.5	340.5	3.96	156.8
			0.72						
			0.72		0.40		10.0		
facility based		0.71	0.56	0.51	0.40	12.7	10.0		
facility based									
facility based									
		0.64	0.64	0.38	0.38	9.4	9.4		
facility based		0.71	0.56	0.51	0.40	12.7	10.0		
facility based			0.56		0.40		10.0		
home and facility based	group & self		0.48		0.40		10.0		
facility based	group	30.59	30.51	23.17	23.11	579.4	577.8		
facility based			0.56		0.40		10.0		
facility based			0.56		0.40		10.0		
		2.35	0.56	1.68	0.40	42.0	10.0	1.3	
		9.13	19.07	6.52	13.62	163.0	340.5	2.9	
		77.02	77	59.25	59.23	1481.2	1480.8	3.85	
		0.71	0.56	0.54	0.42	13.4	10.6		
		2.01	0.56	1.40	0.39	34.9	9.7		
			0.56		0.40		10.0		
facility based	group	0.71	0.56	0.51	0.40	12.7	10.0		
			0.56		0.40		10.0		
facility based	group	0.71	0.56	0.51	0.40	12.7	10.0		
home based			0.88		0.40		10.0		
facility based			0.56		0.40		10.0		
home and facility based	group & self		0.64		0.53		13.3		
facility based		0.71	0.56	0.51	0.40	12.7	10.0		
facility based		0.71	0.56	0.51	0.40	12.7	10.0		
facility based		0.71	0.56	0.51	0.40	12.7	10.0		
facility based			0.56		0.40		10.0		
facility based		77.02	77	55.01	55.00	1375.4	1375.0	5.6	
facility based		77.02	77	55.01	55.00	1375.4	1375.0	5.6	
facility based		0.79	0.62	0.57	0.45	14.2	11.2		
		84.72	84.7	55.01	55.00	1375.3	1375.0	4.2	87.8
facility based	group	0.61	0.48	0.51	0.40	12.7	10.0		

Group Characteristics

			0.48					3	
facility based		0.79	0.62	0.51	0.40	12.8	10.1		
facility based	other	0.71	0.56	0.51	0.40	12.7	10.0		
facility based	group	5.66	16.34	4.72	13.62	117.9	340.4	2.06	
		0.56	0.56	0.40	0.40	10.0	10.0		
		0.56	0.56	0.40	0.40	10.0	10.0		
facility based		0.61	0.48	0.51	0.40	12.7	10.0		
		17.71	19.07						
		0.64	0.64						
facility based		0.71	0.56	0.51	0.40	12.7	10.0		
facility based	group		0.56		0.40		10.0		
facility based			0.48		0.39		9.7		
facility based	group & self	0.61	0.48	0.51	0.40	12.7	10.0		
facility based	self								
home based	self		0.48		0.39		9.8		
		0.56	0.56	0.40	0.40	10.0	10.0		
		0.56	0.56	0.40	0.40	10.0	10.0		

Group Characteristics

elr	els	forces
		ground reaction
		ground reaction
		ground reaction
129.4	5.1772	ground reaction
616.0	24.640704	ground reaction
620.8	24.832368	ground reaction
		both
		both
		joint reaction
		joint reaction
		joint reaction
		ground reaction
		joint reaction
		both
		both
		both
		both
		both
		ground reaction
		ground reaction
		ground reaction
		joint reaction
		ground reaction
		joint reaction
		joint reaction
		joint reaction
		joint reaction
		both
		both
		both
		joint reaction
		joint reaction
		joint reaction
		joint reaction
		both
		both
		joint reaction
368.8	14.7504	ground reaction
		joint reaction

Group Characteristics

		ground reaction
		joint reaction
		joint reaction
		ground reaction
		both
		ground reaction
		ground reaction
		joint reaction
		ground reaction
		ground reaction
		joint reaction
		both
		both
		joint reaction
		both
		both
		ground reaction
		both

	notes_gc
	used running & jogging for BPAQ score
	used running & jogging for BPAQ score
	used running & jogging for BPAQ score
	no hrt for at least 12 months
	no hrt for at least 12 months
	hrt for at least 12 months
	data for 1 exercise participant excluded because of hyperthyroidism
	total exercise time was 108 minutes per week
	women were 3 to 10.9 years postmenopausal; taking hrt for 1-5.9 years
	women were 3 to 10.9 years postmenopausal; not taking hrt for >1 year
	12 fractures from falls in controls versus 6 in exercisers during the study
	participants did resistance training with weight bearing exercise interspersed between each weight training exercise
	participants did resistance training with weight bearing exercise interspersed between each weight training exercise

participants encouraged to exercise with a partner
participants also performed 10 minutes of static and dynamic balance exercises
20 control subjects walked; one control subject stair climbed; one control subject rowed and hiked
subjects performed flexibility, balance and coordination exercises, added weight training, and then added aerobic exercise
couldn't calculate BPAQ score because no frequency for jumping rope prescribed
subjects with femoral neck or lumbar spine BMD 3.5 SD below young healthy normal controls excluded from study; subjects walked with weighted vest

Outcome Characteristics

study_id3_new	author3	group_id2	outcome_id	outcome_variable	outcome_other	outcome_class	outcome_test
2	Bailey & Brooke-Wavell	1	1	femoral neck		primary	dexa
2	Bailey & Brooke-Wavell	1	2	other	upper femoral neck	secondary	dexa
2	Bailey & Brooke-Wavell	1	3	other	lower femoral neck	secondary	dexa
2	Bailey & Brooke-Wavell	1	4	trochanter(ic)		secondary	dexa
2	Bailey & Brooke-Wavell	1	5	body weight		secondary	other
2	Bailey & Brooke-Wavell	1	6	body mass index		secondary	other
2	Bailey & Brooke-Wavell	1	7	percent body fat		secondary	other
2	Bailey & Brooke-Wavell	2	1	femoral neck		primary	dexa
2	Bailey & Brooke-Wavell	2	2	other	upper femoral neck	secondary	dexa
2	Bailey & Brooke-Wavell	2	3	other	lower femoral neck	secondary	dexa
2	Bailey & Brooke-Wavell	2	4	trochanter(ic)		secondary	dexa
2	Bailey & Brooke-Wavell	2	5	body weight		secondary	other
2	Bailey & Brooke-Wavell	2	6	body mass index		secondary	other
2	Bailey & Brooke-Wavell	2	7	percent body fat		secondary	other
2	Bailey & Brooke-Wavell	3	1	femoral neck		primary	dexa
2	Bailey & Brooke-Wavell	3	2	other	upper femoral neck	secondary	dexa
2	Bailey & Brooke-Wavell	3	3	other	lower femoral neck	secondary	dexa
2	Bailey & Brooke-Wavell	3	4	trochanter(ic)		secondary	dexa
2	Bailey & Brooke-Wavell	3	5	body weight		secondary	other
2	Bailey & Brooke-Wavell	3	6	body mass index		secondary	other
2	Bailey & Brooke-Wavell	3	7	percent body fat		secondary	other
302	Bassey et al.	1	1	lumbar spine		primary	dexa
302	Bassey et al.	1	2	femoral neck		primary	dexa
302	Bassey et al.	1	3	trochanter(ic)		secondary	dexa
302	Bassey et al.	1	4	body weight		secondary	
302	Bassey et al.	1	5	body mass index		secondary	
302	Bassey et al.	1	6	muscular power-lower		secondary	
302	Bassey et al.	1	7	balance-dynamic		secondary	
302	Bassey et al.	2	1	lumbar spine		primary	dexa
302	Bassey et al.	2	2	femoral neck		primary	dexa
302	Bassey et al.	2	3	trochanter(ic)		secondary	dexa
302	Bassey et al.	2	4	body weight		secondary	
302	Bassey et al.	2	5	body mass index		secondary	
302	Bassey et al.	2	6	calcium intake		secondary	
302	Bassey et al.	3	1	lumbar spine		primary	dexa
302	Bassey et al.	3	2	femoral neck		primary	dexa
302	Bassey et al.	3	3	trochanter(ic)		secondary	dexa
302	Bassey et al.	3	4	body weight		secondary	
302	Bassey et al.	3	5	body mass index		secondary	

Outcome Characteristics

302	Bassey et al.	3	6	calcium intake		secondary	
302	Bassey et al.	3	7	balance-dynamic		secondary	
298	Bergstrom et al.	1	1	body mass index		secondary	other
298	Bergstrom et al.	1	2	muscular strength-lower		secondary	other
298	Bergstrom et al.	1	3	lumbar spine	L1-L4	primary	dexa
298	Bergstrom et al.	1	4	lumbar spine	L2-L4	primary	dexa
298	Bergstrom et al.	1	5	hip-total		secondary	dexa
298	Bergstrom et al.	1	6	femoral neck		primary	dexa
298	Bergstrom et al.	1	7	muscular strength-lower		secondary	other
298	Bergstrom et al.	1	8	lumbar spine	L1-L4	primary	dexa
298	Bergstrom et al.	1	9	lumbar spine	L2-L4	primary	dexa
298	Bergstrom et al.	1	10	hip-total		secondary	dexa
298	Bergstrom et al.	1	11	femoral neck		primary	dexa
1057	Bergstrom et al.	1	1	body mass index		secondary	other
1057	Bergstrom et al.	1	2	lumbar spine	L2-L4	primary	dexa
1057	Bergstrom et al.	1	3	femoral neck		primary	dexa
1057	Bergstrom et al.	1	4	muscular strength-lower		secondary	other
744	Bocalini et al.	1	1	femoral neck		primary	dexa
744	Bocalini et al.	1	2	lumbar spine	L1-L4	primary	dexa
744	Bocalini et al.	1	3	muscular strength-lower		secondary	other
744	Bocalini et al.	1	4	muscular strength-upper		secondary	other
744	Bocalini et al.	1	5	body weight		secondary	other
744	Bocalini et al.	1	6	body mass index		secondary	other
744	Bocalini et al.	1	7	percent body fat		secondary	other
1170	Brentano et al.	1	1	body weight		secondary	
1170	Brentano et al.	1	2	other	fat mass	secondary	
1170	Brentano et al.	1	3	aerobic fitness		secondary	other
1170	Brentano et al.	1	4	aerobic fitness		secondary	other
1170	Brentano et al.	1	5	muscular strength-upper		secondary	other
1170	Brentano et al.	1	6	muscular strength-lower		secondary	other
1170	Brentano et al.	1	7	muscular strength		secondary	other
1170	Brentano et al.	1	8	lumbar spine	L2-L4	primary	dexa
1170	Brentano et al.	1	9	femoral neck		primary	dexa
1170	Brentano et al.	1	10	trochanter(ic)		secondary	dexa
1170	Brentano et al.	1	11	ward's triangle		secondary	dexa
1170	Brentano et al.	1	12	intertrochanter(ic)		secondary	dexa
1170	Brentano et al.	2	1	body weight		secondary	
1170	Brentano et al.	2	2	other	fat mass	secondary	
1170	Brentano et al.	2	3	aerobic fitness		secondary	other
1170	Brentano et al.	2	4	aerobic fitness		secondary	other

Outcome Characteristics

1170	Brentano et al.	2	5	muscular strength-upper		secondary	other
1170	Brentano et al.	2	6	muscular strength-lower		secondary	other
1170	Brentano et al.	2	7	muscular strength		secondary	other
1170	Brentano et al.	2	8	lumbar spine	L2-L4	primary	dexa
1170	Brentano et al.	2	9	femoral neck		primary	dexa
1170	Brentano et al.	2	10	trochanter(ic)		secondary	dexa
1170	Brentano et al.	2	11	ward's triangle		secondary	dexa
1170	Brentano et al.	2	12	intertrochanter(ic)		secondary	dexa
26	Brooke-Wavell et al.	1	1	lumbar spine	L2-L4	primary	dexa
26	Brooke-Wavell et al.	1	2	femoral neck		primary	dexa
26	Brooke-Wavell et al.	1	3	calcaneus		secondary	dexa
26	Brooke-Wavell et al.	1	4	body weight		secondary	
26	Brooke-Wavell et al.	1	5	body mass index		secondary	
26	Brooke-Wavell et al.	1	6	calcium intake		secondary	
362	Chilibeck et al.	1	1	body weight		secondary	other
362	Chilibeck et al.	1	2	body mass index		secondary	other
362	Chilibeck et al.	1	3	percent body fat		secondary	dexa
362	Chilibeck et al.	1	4	calcium intake		secondary	other
362	Chilibeck et al.	1	5	vitamin D intake		secondary	other
362	Chilibeck et al.	1	6	lumbar spine	L1-L4	primary	dexa
362	Chilibeck et al.	1	7	femur-proximal		secondary	dexa
362	Chilibeck et al.	1	8	femoral neck		primary	dexa
362	Chilibeck et al.	1	9	trochanter(ic)		secondary	dexa
362	Chilibeck et al.	1	10	ward's triangle		secondary	dexa
362	Chilibeck et al.	1	11	whole body		secondary	dexa
362	Chilibeck et al.	1	12	muscular strength-upper		secondary	other
362	Chilibeck et al.	1	13	muscular strength-lower		secondary	other
1085	Choquette et al.	1	1	body weight		secondary	other
1085	Choquette et al.	1	2	body mass index		secondary	other
1085	Choquette et al.	1	3	other	fat mass	secondary	dexa
1085	Choquette et al.	1	4	lean body mass		secondary	dexa
1085	Choquette et al.	1	5	percent body fat		secondary	dexa
1085	Choquette et al.	1	6	whole body		secondary	dexa
1085	Choquette et al.	1	7	lumbar spine	L2-L4	primary	dexa
1085	Choquette et al.	1	8	hip-total		secondary	dexa
1085	Choquette et al.	1	9	femoral neck		primary	dexa
1085	Choquette et al.	1	10	trochanter(ic)		secondary	dexa
1085	Choquette et al.	1	11	ward's triangle		secondary	dexa
405	Englund et al.	1	1	body weight		secondary	other
405	Englund et al.	1	2	body mass index		secondary	other

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405	Englund et al.	1	3	lean body mass		secondary	dexa
405	Englund et al.	1	4	whole body		secondary	dexa
405	Englund et al.	1	5	arm		secondary	dexa
405	Englund et al.	1	6	lumbar spine		primary	dexa
405	Englund et al.	1	7	femoral neck		primary	dexa
405	Englund et al.	1	8	trochanter(ic)		secondary	dexa
405	Englund et al.	1	9	ward's triangle		secondary	dexa
405	Englund et al.	1	10	muscular strength		secondary	other
405	Englund et al.	1	11	muscular strength		secondary	other
405	Englund et al.	1	12	aerobic fitness		secondary	other
405	Englund et al.	1	13	balance-static		secondary	other
405	Englund et al.	1	14	balance		secondary	other
407	Friedlander et al.	1	1	body weight		secondary	other
407	Friedlander et al.	1	2	percent body fat		secondary	other
407	Friedlander et al.	1	3	lumbar spine		primary	dexa
407	Friedlander et al.	1	4	femoral neck		primary	dexa
407	Friedlander et al.	1	5	trochanter(ic)		secondary	dexa
407	Friedlander et al.	1	6	aerobic fitness		secondary	other
407	Friedlander et al.	1	7	muscular strength-lower		secondary	other
407	Friedlander et al.	1	8	muscular strength-lower		secondary	other
407	Friedlander et al.	1	9	muscular strength-upper		secondary	other
407	Friedlander et al.	1	10	muscular strength-upper		secondary	other
161	Going et al.	1	1	body weight		secondary	other
161	Going et al.	1	2	body mass index		secondary	other
161	Going et al.	1	3	lean body mass		secondary	dexa
161	Going et al.	1	4	percent body fat		secondary	dexa
161	Going et al.	1	5	femoral neck		primary	dexa
161	Going et al.	1	6	trochanter(ic)		secondary	dexa
161	Going et al.	1	7	lumbar spine	L2-L4	primary	dexa
161	Going et al.	1	8	whole body		secondary	dexa
161	Going et al.	2	1	body weight		secondary	other
161	Going et al.	2	2	body mass index		secondary	other
161	Going et al.	2	3	lean body mass		secondary	dexa
161	Going et al.	2	4	percent body fat		secondary	dexa
161	Going et al.	2	5	femoral neck		primary	dexa
161	Going et al.	2	6	trochanter(ic)		secondary	dexa
161	Going et al.	2	7	lumbar spine	L2-L4	primary	dexa
161	Going et al.	2	8	whole body		secondary	dexa
71	Grove & Londeree/Grove	1	1	lumbar spine	L2-L4	primary	dpa
71	Grove & Londeree/Grove	1	2	body weight		secondary	

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71	Grove & Londeree/Grove	1	3	percent body fat		secondary	
71	Grove & Londeree/Grove	1	4	lean body mass		secondary	
71	Grove & Londeree/Grove	1	5	aerobic fitness		secondary	
71	Grove & Londeree/Grove	1	6	calcium intake		secondary	
71	Grove & Londeree/Grove	2	1	lumbar spine	L2-L4	primary	dpa
71	Grove & Londeree/Grove	2	2	body weight		secondary	
71	Grove & Londeree/Grove	2	3	percent body fat		secondary	
71	Grove & Londeree/Grove	2	4	lean body mass		secondary	
71	Grove & Londeree/Grove	2	5	aerobic fitness		secondary	
71	Grove & Londeree/Grove	2	6	calcium intake		secondary	
21	Heinonen et al.	1	1	lumbar spine		primary	dexa
21	Heinonen et al.	1	2	femoral neck		primary	dexa
21	Heinonen et al.	1	3	trochanter(ic)		secondary	dexa
21	Heinonen et al.	1	4	femur-distal		secondary	dexa
21	Heinonen et al.	1	5	patella		secondary	dexa
21	Heinonen et al.	1	6	tibia-proximal		secondary	dexa
21	Heinonen et al.	1	7	calcaneus		secondary	dexa
21	Heinonen et al.	1	8	radius-distal		secondary	dexa
21	Heinonen et al.	1	9	body weight		secondary	
21	Heinonen et al.	1	10	body mass index		secondary	
21	Heinonen et al.	1	11	percent body fat		secondary	
21	Heinonen et al.	1	12	lean body mass		secondary	
21	Heinonen et al.	1	13	aerobic fitness		secondary	
21	Heinonen et al.	1	14	calcium intake		secondary	
21	Heinonen et al.	1	15	muscular strength	trunk	secondary	
21	Heinonen et al.	1	16	muscular strength	trunk	secondary	
21	Heinonen et al.	1	17	muscular strength-lower		secondary	
21	Heinonen et al.	1	18	muscular strength-upper		secondary	
21	Heinonen et al.	1	19	muscular power-lower		secondary	
21	Heinonen et al.	1	20	muscular power-lower		secondary	
21	Heinonen et al.	1	21	balance-dynamic		secondary	
951	Heinonen et al.	1	1	lumbar spine		primary	dexa
951	Heinonen et al.	1	2	femoral neck		primary	dexa
951	Heinonen et al.	1	3	calcaneus		secondary	dexa
951	Heinonen et al.	1	4	radius-distal		secondary	dexa
951	Heinonen et al.	1	5	body weight		secondary	
951	Heinonen et al.	1	6	body mass index		secondary	
951	Heinonen et al.	1	7	percent body fat		secondary	
951	Heinonen et al.	1	8	lean body mass		secondary	
951	Heinonen et al.	1	9	calcium intake		secondary	

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951	Heinonen et al.	1	10	muscular strength-upper	trunk extension	secondary	
951	Heinonen et al.	1	11	muscular strength-upper	trunk flexion	secondary	
951	Heinonen et al.	1	12	muscular strength-lower	leg press	secondary	
951	Heinonen et al.	1	13	muscular strength-upper	elbow flexion	secondary	
951	Heinonen et al.	1	14	aerobic fitness		secondary	
951	Heinonen et al.	2	1	lumbar spine		primary	dexa
951	Heinonen et al.	2	2	femoral neck		primary	dexa
951	Heinonen et al.	2	3	calcaneus		secondary	dexa
951	Heinonen et al.	2	4	radius-distal		secondary	dexa
951	Heinonen et al.	2	5	body weight		secondary	
951	Heinonen et al.	2	6	body mass index		secondary	
951	Heinonen et al.	2	7	percent body fat		secondary	
951	Heinonen et al.	2	8	calcium intake		secondary	
951	Heinonen et al.	2	9	muscular strength-upper	trunk extension	secondary	
951	Heinonen et al.	2	10	muscular strength-upper	trunk flexion	secondary	
951	Heinonen et al.	2	11	muscular strength-lower	leg press	secondary	
951	Heinonen et al.	2	12	muscular strength-upper	elbow flexion	secondary	
951	Heinonen et al.	2	13	aerobic fitness		secondary	
1019	Hong	1	1	hip-total		secondary	dexa
1019	Hong	1	2	femoral neck		primary	dexa
1019	Hong	1	3	intertrochanter(ic)		secondary	dexa
1019	Hong	1	4	lumbar spine	L2-L4	primary	dexa
1019	Hong	1	5	body weight		secondary	other
1019	Hong	1	6	body mass index		secondary	other
1019	Hong	1	7	muscular strength-upper		secondary	other
1019	Hong	1	8	muscular strength-lower		secondary	other
1019	Hong	1	9	balance-static		secondary	other
1019	Hong	1	10	balance-static		secondary	other
1019	Hong	1	11	balance-static		secondary	other
1019	Hong	1	12	lean body mass		secondary	dexa
1019	Hong	2	1	hip-total		secondary	dexa
1019	Hong	2	2	femoral neck		primary	dexa
1019	Hong	2	3	intertrochanter(ic)		secondary	dexa
1019	Hong	2	4	lumbar spine	L2-L4	primary	dexa
1019	Hong	2	5	body weight		secondary	other
1019	Hong	2	6	body mass index		secondary	other
1019	Hong	2	7	muscular strength-upper		secondary	other
1019	Hong	2	8	muscular strength-lower		secondary	other
1019	Hong	2	9	balance-static		secondary	other
1019	Hong	2	10	balance-static		secondary	other

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1019	Hong	2	11	balance-static		secondary	other
1019	Hong	2	12	lean body mass		secondary	dexa
1019	Hong	3	1	hip-total		secondary	dexa
1019	Hong	3	2	femoral neck		primary	dexa
1019	Hong	3	3	intertrochanter(ic)		secondary	dexa
1019	Hong	3	4	lumbar spine	L2-L4	primary	dexa
1019	Hong	3	5	body weight		secondary	other
1019	Hong	3	6	body mass index		secondary	other
1019	Hong	3	7	muscular strength-upper		secondary	other
1019	Hong	3	8	muscular strength-lower		secondary	other
1019	Hong	3	9	balance-static		secondary	other
1019	Hong	3	10	balance-static		secondary	other
1019	Hong	3	11	balance-static		secondary	other
1019	Hong	3	12	lean body mass		secondary	dexa
1019	Hong	4	1	hip-total		secondary	dexa
1019	Hong	4	2	femoral neck		primary	dexa
1019	Hong	4	3	intertrochanter(ic)		secondary	dexa
1019	Hong	4	4	lumbar spine	L2-L4	primary	dexa
1019	Hong	4	5	body weight		secondary	other
1019	Hong	4	6	body mass index		secondary	other
1019	Hong	4	7	muscular strength-upper		secondary	other
1019	Hong	4	8	muscular strength-lower		secondary	other
1019	Hong	4	9	balance-static		secondary	other
1019	Hong	4	10	balance-static		secondary	other
1019	Hong	4	11	balance-static		secondary	other
1019	Hong	4	12	lean body mass		secondary	dexa
135	Iwamoto et al.	1	1	body weight		secondary	other
135	Iwamoto et al.	1	2	body mass index		secondary	other
135	Iwamoto et al.	1	3	lumbar spine	L2-L4	primary	dexa
819	Jessup et al.	1	1	femoral neck		primary	dexa
819	Jessup et al.	1	2	lumbar spine		primary	dexa
819	Jessup et al.	1	3	balance-static		secondary	dexa
819	Jessup et al.	1	4	muscular strength		secondary	other
819	Jessup et al.	1	5	body weight		secondary	other
827	Kemmler et al.	1	1	body weight		secondary	other
827	Kemmler et al.	1	2	percent body fat		secondary	dexa
827	Kemmler et al.	1	3	calcium intake		secondary	other
827	Kemmler et al.	1	4	aerobic fitness		secondary	other
827	Kemmler et al.	1	5	lumbar spine		primary	dexa
827	Kemmler et al.	1	6	femoral neck		primary	dexa

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827	Kemmler et al.	1	7	fractures		secondary	other
205	Kerr et al.	1	1	body weight		secondary	other
205	Kerr et al.	1	2	whole body		secondary	dexa
205	Kerr et al.	1	3	percent body fat		secondary	
205	Kerr et al.	1	4	lean body mass		secondary	
205	Kerr et al.	1	5	trochanter(ic)		secondary	dexa
205	Kerr et al.	1	6	intertrochanter(ic)		secondary	dexa
205	Kerr et al.	1	7	femoral neck		primary	dexa
205	Kerr et al.	1	8	ward's triangle		secondary	dexa
205	Kerr et al.	1	9	radius-ultra-distal		secondary	dexa
205	Kerr et al.	1	10	radius-mid		secondary	dexa
205	Kerr et al.	1	11	radius-1/3		secondary	dexa
205	Kerr et al.	1	12	muscular strength-lower	hip extension	secondary	other
205	Kerr et al.	1	13	muscular strength-lower	hip flexion	secondary	other
205	Kerr et al.	1	14	muscular strength-lower	hip abduction	secondary	other
205	Kerr et al.	1	15	muscular strength-lower	hip adduction	secondary	other
205	Kerr et al.	1	16	muscular strength-lower	leg press	secondary	other
205	Kerr et al.	1	17	muscular strength-upper	wrist curl	secondary	other
205	Kerr et al.	1	18	muscular strength-upper	reverse wrist curl	secondary	other
205	Kerr et al.	1	19	muscular strength-upper	wrist pronation/supination	secondary	other
205	Kerr et al.	1	20	muscular strength-upper	biceps curl	secondary	other
205	Kerr et al.	1	21	muscular strength-upper	triceps push down	secondary	other
205	Kerr et al.	2	1	body weight		secondary	other
205	Kerr et al.	2	2	whole body		secondary	dexa
205	Kerr et al.	2	3	percent body fat		secondary	
205	Kerr et al.	2	4	lean body mass		secondary	
205	Kerr et al.	2	5	trochanter(ic)		secondary	dexa
205	Kerr et al.	2	6	intertrochanter(ic)		secondary	dexa
205	Kerr et al.	2	7	femoral neck		primary	dexa
205	Kerr et al.	2	8	ward's triangle		secondary	dexa
205	Kerr et al.	2	9	radius-ultra-distal		secondary	dexa
205	Kerr et al.	2	10	radius-mid		secondary	dexa
205	Kerr et al.	2	11	radius-1/3		secondary	dexa
205	Kerr et al.	2	12	muscular strength-lower	hip extension	secondary	other
205	Kerr et al.	2	13	muscular strength-lower	hip flexion	secondary	other
205	Kerr et al.	2	14	muscular strength-lower	hip abduction	secondary	other
205	Kerr et al.	2	15	muscular strength-lower	hip adduction	secondary	other
205	Kerr et al.	2	16	muscular strength-lower	leg press	secondary	other
205	Kerr et al.	2	17	muscular strength-upper	wrist curl	secondary	other
205	Kerr et al.	2	18	muscular strength-upper	reverse wrist curl	secondary	other

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205	Kerr et al.	2	19	muscular strength-upper	wrist pronation/supination	secondary	other
205	Kerr et al.	2	20	muscular strength-upper	biceps curl	secondary	other
205	Kerr et al.	2	21	muscular strength-upper	triceps push down	secondary	other
322	Kerr et al.	1	1	body weight		secondary	other
322	Kerr et al.	1	2	percent body fat		secondary	other
322	Kerr et al.	1	3	lean body mass		secondary	other
322	Kerr et al.	1	4	lumbar spine	L1-L4	primary	dexa
322	Kerr et al.	1	5	hip-total		secondary	dexa
322	Kerr et al.	1	6	trochanter(ic)		secondary	dexa
322	Kerr et al.	1	7	intertrochanter(ic)		secondary	dexa
322	Kerr et al.	1	8	femoral neck		primary	dexa
322	Kerr et al.	1	9	radius-ultra-distal		secondary	dexa
322	Kerr et al.	1	10	radius-mid		secondary	dexa
322	Kerr et al.	1	11	radius-1/3		secondary	dexa
322	Kerr et al.	1	12	whole body		secondary	dexa
322	Kerr et al.	2	1	body weight		secondary	other
322	Kerr et al.	2	2	percent body fat		secondary	other
322	Kerr et al.	2	3	lean body mass		secondary	other
322	Kerr et al.	2	4	lumbar spine	L1-L4	primary	dexa
322	Kerr et al.	2	5	hip-total		secondary	dexa
322	Kerr et al.	2	6	trochanter(ic)		secondary	dexa
322	Kerr et al.	2	7	intertrochanter(ic)		secondary	dexa
322	Kerr et al.	2	8	femoral neck		primary	dexa
322	Kerr et al.	2	9	radius-ultra-distal		secondary	dexa
322	Kerr et al.	2	10	radius-mid		secondary	dexa
322	Kerr et al.	2	11	radius-1/3		secondary	dexa
322	Kerr et al.	2	12	whole body		secondary	dexa
1113	Kukuljan et al.	1	1	body weight		secondary	other
1113	Kukuljan et al.	1	2	body mass index		secondary	other
1113	Kukuljan et al.	1	3	calcium intake		secondary	other
1113	Kukuljan et al.	1	4	vitamin D intake		secondary	other
1113	Kukuljan et al.	1	5	lumbar spine	L1-L4	primary	dexa
1113	Kukuljan et al.	1	6	femoral neck		primary	dexa
1113	Kukuljan et al.	1	7	hip-total		secondary	dexa
1113	Kukuljan et al.	2	1	body weight		secondary	other
1113	Kukuljan et al.	2	2	body mass index		secondary	other
1113	Kukuljan et al.	2	3	calcium intake		secondary	other
1113	Kukuljan et al.	2	4	vitamin D intake		secondary	other
1113	Kukuljan et al.	2	5	lumbar spine	L1-L4	primary	dexa
1113	Kukuljan et al.	2	6	femoral neck		primary	dexa

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1113	Kukuljan et al.	2	7	hip-total		secondary	dexa
1118	Liang et al.	1	1	body weight		secondary	other
1118	Liang et al.	1	2	body mass index		secondary	other
1118	Liang et al.	1	3	aerobic fitness		secondary	other
1118	Liang et al.	1	4	os calcis		secondary	dexa
1118	Liang et al.	1	5	wrist		secondary	dexa
1118	Liang et al.	1	6	lower limb		secondary	dexa
1118	Liang et al.	1	7	hip-total		secondary	dexa
1118	Liang et al.	1	8	femoral neck		primary	dexa
1118	Liang et al.	1	9	trochanter(ic)		secondary	dexa
1118	Liang et al.	1	10	ward's triangle		secondary	dexa
1118	Liang et al.	1	11	lumbar spine	L1-L4	primary	dexa
1118	Liang et al.	1	12	percent body fat		secondary	dexa
1118	Liang et al.	1	13	lean body mass		secondary	dexa
1118	Liang et al.	1	14	calcium intake		secondary	other
1118	Liang et al.	1	15	muscular strength-lower		secondary	other
1118	Liang et al.	2	1	body weight		secondary	other
1118	Liang et al.	2	2	body mass index		secondary	other
1118	Liang et al.	2	3	aerobic fitness		secondary	other
1118	Liang et al.	2	4	os calcis		secondary	dexa
1118	Liang et al.	2	5	wrist		secondary	dexa
1118	Liang et al.	2	6	lower limb		secondary	dexa
1118	Liang et al.	2	7	hip-total		secondary	dexa
1118	Liang et al.	2	8	femoral neck		primary	dexa
1118	Liang et al.	2	9	trochanter(ic)		secondary	dexa
1118	Liang et al.	2	10	ward's triangle		secondary	dexa
1118	Liang et al.	2	11	lumbar spine	L1-L4	primary	dexa
1118	Liang et al.	2	12	percent body fat		secondary	dexa
1118	Liang et al.	2	13	lean body mass		secondary	dexa
1118	Liang et al.	2	14	calcium intake		secondary	other
1118	Liang et al.	2	15	muscular strength-lower		secondary	other
85	Liu-Ambrose et al.	1	1	body weight		secondary	
85	Liu-Ambrose et al.	1	2	lean body mass		secondary	dexa
85	Liu-Ambrose et al.	1	3	other	fat mass	secondary	dexa
85	Liu-Ambrose et al.	1	4	hip-total		secondary	dexa
85	Liu-Ambrose et al.	1	5	femoral neck		primary	dexa
85	Liu-Ambrose et al.	1	6	trochanter(ic)		secondary	dexa
85	Liu-Ambrose et al.	1	7	other	tibia - cortical content (50% tib	secondary	ppct
85	Liu-Ambrose et al.	1	8	other	tibia - cortical area (50% tib	secondary	ppct
85	Liu-Ambrose et al.	1	9	other	tibia - cortical density	secondary	ppct

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85	Liu-Ambrose et al.	1	10	other	tibia - stress strain index (50%)	secondary	pqct
85	Liu-Ambrose et al.	1	11	other	tibia - total content (10% tibia)	secondary	pqct
85	Liu-Ambrose et al.	1	12	other	tibia - total area (10% tibia)	secondary	pqct
85	Liu-Ambrose et al.	1	13	other	tibia - total density (10% tibia)	secondary	pqct
85	Liu-Ambrose et al.	1	14	other	radius - cortical content (30% radius)	secondary	pqct
85	Liu-Ambrose et al.	1	15	other	radius - cortical area (30% radius)	secondary	pqct
85	Liu-Ambrose et al.	1	16	other	radius - cortical density (30% radius)	secondary	pqct
85	Liu-Ambrose et al.	1	17	other	radius - stress strain index (30% radius)	secondary	pqct
85	Liu-Ambrose et al.	1	18	other	radius - total content (10% radius)	secondary	pqct
85	Liu-Ambrose et al.	1	19	other	radius - total area (10% radius)	secondary	pqct
85	Liu-Ambrose et al.	1	20	other	radius - total density (10% radius)	secondary	pqct
85	Liu-Ambrose et al.	2	1	body weight		secondary	
85	Liu-Ambrose et al.	2	2	lean body mass		secondary	dexa
85	Liu-Ambrose et al.	2	3	other	fat mass	secondary	dexa
85	Liu-Ambrose et al.	2	4	hip-total		secondary	dexa
85	Liu-Ambrose et al.	2	5	femoral neck		primary	dexa
85	Liu-Ambrose et al.	2	6	trochanter(ic)		secondary	dexa
85	Liu-Ambrose et al.	2	7	other	tibia - cortical content (50% tibia)	secondary	pqct
85	Liu-Ambrose et al.	2	8	other	tibia - cortical area (50% tibia)	secondary	pqct
85	Liu-Ambrose et al.	2	9	other	tibia - cortical density (50% tibia)	secondary	pqct
85	Liu-Ambrose et al.	2	10	other	tibia - stress strain index (50% tibia)	secondary	pqct
85	Liu-Ambrose et al.	2	11	other	tibia - total content (10% tibia)	secondary	pqct
85	Liu-Ambrose et al.	2	12	other	tibia - total area (10% tibia)	secondary	pqct
85	Liu-Ambrose et al.	2	13	other	tibia - total density (10% tibia)	secondary	pqct
85	Liu-Ambrose et al.	2	14	other	radius - cortical content (30% radius)	secondary	pqct
85	Liu-Ambrose et al.	2	15	other	radius - cortical area (30% radius)	secondary	pqct
85	Liu-Ambrose et al.	2	16	other	radius - cortical density (30% radius)	secondary	pqct
85	Liu-Ambrose et al.	2	17	other	radius - stress strain index (30% radius)	secondary	pqct
85	Liu-Ambrose et al.	2	18	other	radius - total content (10% radius)	secondary	pqct
85	Liu-Ambrose et al.	2	19	other	radius - total area (10% radius)	secondary	pqct
85	Liu-Ambrose et al.	2	20	other	radius - total density (10% radius)	secondary	pqct
184	Lohman et al.	1	1	whole body		secondary	dexa
184	Lohman et al.	1	2	lumbar spine	l2-l4	primary	dexa
184	Lohman et al.	1	3	femoral neck		primary	dexa
184	Lohman et al.	1	4	trochanter(ic)		secondary	dexa
184	Lohman et al.	1	5	ward's triangle		secondary	dexa
184	Lohman et al.	1	6	radius		secondary	dexa
184	Lohman et al.	1	7	body weight		secondary	
184	Lohman et al.	1	8	body mass index		secondary	
184	Lohman et al.	1	9	percent body fat		secondary	

Outcome Characteristics

184	Lohman et al.	1	10	lean body mass		secondary	
1120	Marques et al.	1	1	calcium intake		secondary	other
1120	Marques et al.	1	2	vitamin D intake		secondary	other
1120	Marques et al.	1	3	body mass index		secondary	other
1120	Marques et al.	1	4	lean body mass		secondary	dexa
1120	Marques et al.	1	5	percent body fat		secondary	dexa
1120	Marques et al.	1	6	balance-dynamic		secondary	other
1120	Marques et al.	1	7	balance-static		secondary	other
1120	Marques et al.	1	8	muscular strength-lower		secondary	other
1120	Marques et al.	1	9	muscular strength-lower		secondary	other
1120	Marques et al.	1	10	muscular strength-lower		secondary	other
1120	Marques et al.	1	11	muscular strength-lower		secondary	other
1120	Marques et al.	1	12	femoral neck		primary	dexa
1120	Marques et al.	1	13	trochanter(ic)		secondary	dexa
1120	Marques et al.	1	14	intertrochanter(ic)		secondary	dexa
1120	Marques et al.	1	15	hip-total		secondary	dexa
1120	Marques et al.	2	1	calcium intake		secondary	other
1120	Marques et al.	2	2	vitamin D intake		secondary	other
1120	Marques et al.	2	3	body mass index		secondary	other
1120	Marques et al.	2	4	lean body mass		secondary	dexa
1120	Marques et al.	2	5	percent body fat		secondary	dexa
1120	Marques et al.	2	6	balance-dynamic		secondary	other
1120	Marques et al.	2	7	balance-static		secondary	other
1120	Marques et al.	2	8	muscular strength-lower		secondary	other
1120	Marques et al.	2	9	muscular strength-lower		secondary	other
1120	Marques et al.	2	10	muscular strength-lower		secondary	other
1120	Marques et al.	2	11	muscular strength-lower		secondary	other
1120	Marques et al.	2	12	femoral neck		primary	dexa
1120	Marques et al.	2	13	trochanter(ic)		secondary	dexa
1120	Marques et al.	2	14	intertrochanter(ic)		secondary	dexa
1120	Marques et al.	2	15	hip-total		secondary	dexa
1121	Marques et al.	1	1	calcium intake		secondary	other
1121	Marques et al.	1	2	vitamin D intake		secondary	other
1121	Marques et al.	1	3	body mass index		secondary	other
1121	Marques et al.	1	4	percent body fat		secondary	dexa
1121	Marques et al.	1	5	lean body mass		secondary	dexa
1121	Marques et al.	1	6	aerobic fitness		secondary	other
1121	Marques et al.	1	7	muscular strength-upper		secondary	other
1121	Marques et al.	1	8	balance-dynamic		secondary	other
1121	Marques et al.	1	9	balance-static		secondary	other

Outcome Characteristics

1121	Marques et al.	1	10	muscular strength-lower		secondary	other
1121	Marques et al.	1	11	muscular strength-lower		secondary	other
1121	Marques et al.	1	12	muscular strength-lower		secondary	other
1121	Marques et al.	1	13	muscular strength-lower		secondary	other
1121	Marques et al.	1	14	muscular strength-lower		secondary	other
1121	Marques et al.	1	15	muscular strength-lower		secondary	other
1121	Marques et al.	1	16	muscular strength-lower		secondary	other
1121	Marques et al.	1	17	muscular strength-lower		secondary	other
1121	Marques et al.	1	18	muscular strength-lower		secondary	other
1121	Marques et al.	1	19	femoral neck		primary	dexa
1121	Marques et al.	1	20	trochanter(ic)		secondary	dexa
1121	Marques et al.	1	21	intertrochanter(ic)		secondary	dexa
1121	Marques et al.	1	22	hip-total		secondary	dexa
1121	Marques et al.	1	23	lumbar spine	L1-L4	primary	dexa
19	Martin & Notelovitz	1	1	lumbar spine		primary	dpa
19	Martin & Notelovitz	1	2	body weight		secondary	
19	Martin & Notelovitz	1	3	body mass index		secondary	
19	Martin & Notelovitz	1	4	aerobic fitness		secondary	
19	Martin & Notelovitz	2	1	lumbar spine		primary	dpa
19	Martin & Notelovitz	2	2	body weight		secondary	
19	Martin & Notelovitz	2	3	body mass index		secondary	
19	Martin & Notelovitz	2	4	aerobic fitness		secondary	
170	Nelson et al.	1	1	femoral neck		primary	dexa
170	Nelson et al.	1	2	lumbar spine		primary	dexa
170	Nelson et al.	1	3	body weight		secondary	
170	Nelson et al.	1	4	body mass index		secondary	
170	Nelson et al.	1	5	calcium intake		secondary	
170	Nelson et al.	1	6	muscular strength-lower	double leg press	secondary	other
170	Nelson et al.	1	7	muscular strength-lower	knee extension	secondary	other
170	Nelson et al.	1	8	muscular strength-upper	lateral pulldown	secondary	other
170	Nelson et al.	1	9	muscular strength-upper	back extension	secondary	other
170	Nelson et al.	1	10	muscular strength-upper	abdominal flexion	secondary	other
170	Nelson et al.	1	11	balance-dynamic		secondary	other
170	Nelson et al.	1	12	other	physical activity score	secondary	other
863	Newstead et al.	1	1	body weight		secondary	
863	Newstead et al.	1	2	body mass index		secondary	
863	Newstead et al.	1	3	femoral neck		primary	dexa
863	Newstead et al.	1	4	hip-total		secondary	dexa
863	Newstead et al.	1	5	lumbar spine	L1-L4	primary	dexa
365	Prince et al.	1	1	spine		secondary	dexa

Outcome Characteristics

365	Prince et al.	1	2	hip-total		secondary	dexa
365	Prince et al.	1	3	lower limb		secondary	dexa
365	Prince et al.	1	4	trochanter(ic)		secondary	dexa
365	Prince et al.	1	5	intertrochanter(ic)		secondary	dexa
365	Prince et al.	1	6	femoral neck		primary	dexa
365	Prince et al.	1	7	tibia-mid		secondary	dexa
365	Prince et al.	1	8	ultradistal		secondary	dexa
174	Rhodes et al.	1	1	body weight		secondary	
174	Rhodes et al.	1	2	femoral neck		primary	dexa
174	Rhodes et al.	1	3	ward's triangle		secondary	dexa
174	Rhodes et al.	1	4	trochanter(ic)		secondary	dexa
174	Rhodes et al.	1	5	lumbar spine	L2-L4	primary	dexa
174	Rhodes et al.	1	6	muscular strength-upper		secondary	other
174	Rhodes et al.	1	7	muscular strength-upper	bench press	secondary	other
174	Rhodes et al.	1	8	muscular strength-lower	leg press	secondary	other
174	Rhodes et al.	1	9	muscular strength-upper	biceps curl	secondary	other
174	Rhodes et al.	1	10	muscular strength-upper	triceps push down	secondary	other
174	Rhodes et al.	1	11	muscular strength-lower	quadriceps curl	secondary	other
30	Villareal et al.	1	1	body mass index		secondary	other
30	Villareal et al.	1	2	aerobic fitness		secondary	other
30	Villareal et al.	1	3	body weight		secondary	other
30	Villareal et al.	1	4	lean body mass		secondary	dexa
30	Villareal et al.	1	5	other	fat mass	secondary	dexa
30	Villareal et al.	1	6	hip-total		secondary	dexa
30	Villareal et al.	1	7	muscular strength		secondary	other
30	Villareal et al.	1	8	balance-dynamic		secondary	other
30	Villareal et al.	1	9	balance-static		secondary	other
30	Villareal et al.	1	10	whole body		secondary	dexa
30	Villareal et al.	1	11	lumbar spine		primary	dexa
913	Villareal et al.	1	1	body weight		secondary	
913	Villareal et al.	1	2	aerobic fitness		secondary	
913	Villareal et al.	1	3	hip-total		secondary	dexa
913	Villareal et al.	1	4	trochanter(ic)		secondary	dexa
913	Villareal et al.	1	5	femoral neck		primary	dexa
913	Villareal et al.	1	6	lumbar spine	L2-L4	primary	dexa
913	Villareal et al.	1	7	whole body		secondary	dexa
913	Villareal et al.	1	8	calcium intake		secondary	
913	Villareal et al.	1	9	vitamin D intake		secondary	
920	Warren et al.	1	1	muscular strength-upper	bench press	secondary	other
920	Warren et al.	1	2	muscular strength-lower	leg press	secondary	other

Outcome Characteristics

920	Warren et al.	1	3	body weight		secondary	other
920	Warren et al.	1	4	other	fat mass	secondary	dexa
920	Warren et al.	1	5	lean body mass		secondary	dexa
920	Warren et al.	1	6	trochanter(ic)		secondary	dexa
920	Warren et al.	1	7	femoral neck		primary	dexa
920	Warren et al.	1	8	femur		secondary	dexa
920	Warren et al.	1	9	lumbar spine		primary	dexa
239	Weaver et al.	1	1	aerobic fitness		secondary	other
239	Weaver et al.	1	2	muscular strength		secondary	other
239	Weaver et al.	1	3	lean body mass		secondary	dexa
239	Weaver et al.	1	4	lumbar spine	L2-L4	primary	dexa
239	Weaver et al.	1	5	radius		secondary	spa
239	Weaver et al.	1	6	femoral neck		primary	dexa
239	Weaver et al.	1	7	trochanter(ic)-greater		secondary	dexa
239	Weaver et al.	1	8	ward's triangle		secondary	dexa
239	Weaver et al.	1	9	body weight		secondary	dexa
239	Weaver et al.	1	10	calcium intake		secondary	other
922	Westby et al.	1	1	body weight		secondary	
922	Westby et al.	1	2	lumbar spine	L2-L4	primary	dexa
922	Westby et al.	1	3	femoral neck		primary	dexa
105	Wu et al.	1	1	body weight		secondary	
105	Wu et al.	1	2	body mass index		secondary	
105	Wu et al.	1	3	calcium intake		secondary	
105	Wu et al.	1	4	vitamin D intake		secondary	
105	Wu et al.	1	5	whole body		secondary	dexa
105	Wu et al.	1	6	lean body mass		secondary	dexa
105	Wu et al.	1	7	other	fat mass	secondary	dexa
105	Wu et al.	1	8	lumbar spine	L2-L4	primary	dexa
105	Wu et al.	1	9	hip-total		secondary	dexa
105	Wu et al.	1	10	femoral neck		primary	dexa
105	Wu et al.	1	11	trochanter(ic)		secondary	dexa
930	Zeilman III	1	1	body weight		secondary	other
930	Zeilman III	1	2	body mass index		secondary	other
930	Zeilman III	1	3	lumbar spine	L2-L4	primary	dexa
930	Zeilman III	1	4	hip-total		secondary	dexa
930	Zeilman III	1	5	femoral neck		primary	dexa

Outcome Characteristics

outcome_test_desc	reliability	metric	metric_other
Lunar Prodigy Advance, GE Lunar	1.4% (coefficient of variation)	gm_cm_2	
Lunar Prodigy Advance, GE Lunar	1.8% (coefficient of variation)	gm_cm_2	
Lunar Prodigy Advance, GE Lunar	1.3% (coefficient of variation)	gm_cm_2	
Lunar Prodigy Advance, GE Lunar	2.3% (coefficient of variation)	gm_cm_2	
light indoor clothing using digital scales		kilograms	
derived from measures of height and weight		kgmsquared	
		percentage	
Lunar Prodigy Advance, GE Lunar	1.4% (coefficient of variation)	gm_cm_2	
Lunar Prodigy Advance, GE Lunar	1.8% (coefficient of variation)	gm_cm_2	
Lunar Prodigy Advance, GE Lunar	1.3% (coefficient of variation)	gm_cm_2	
Lunar Prodigy Advance, GE Lunar	2.3% (coefficient of variation)	gm_cm_2	
light indoor clothing using digital scales		kilograms	
derived from measures of height and weight		kgmsquared	
		percentage	
Lunar Prodigy Advance, GE Lunar	1.4% (coefficient of variation)	gm_cm_2	
Lunar Prodigy Advance, GE Lunar	1.8% (coefficient of variation)	gm_cm_2	
Lunar Prodigy Advance, GE Lunar	1.3% (coefficient of variation)	gm_cm_2	
Lunar Prodigy Advance, GE Lunar	2.3% (coefficient of variation)	gm_cm_2	
light indoor clothing using digital scales		kilograms	
derived from measures of height and weight		kgmsquared	
		percentage	
	1.4% (coefficient of variation)	gm_cm_2	
	1.4% (coefficient of variation)	gm_cm_2	
	2.0% (coefficient of variation)	gm_cm_2	
		kilograms	
		kgmsquared	
		watts	
one foot, 20 seconds, other foot struck two hydraulic switches		other	
	1.4% (coefficient of variation)	gm_cm_2	
	1.4% (coefficient of variation)	gm_cm_2	
	2.0% (coefficient of variation)	gm_cm_2	
		kilograms	
		kgmsquared	
		milligrams	
	1.4% (coefficient of variation)	gm_cm_2	
	1.4% (coefficient of variation)	gm_cm_2	
	2.0% (coefficient of variation)	gm_cm_2	
		kilograms	
		kgmsquared	

Outcome Characteristics

		milligrams	
one foot, 20 seconds, other foot struck two hydraulic switches		other	
derived from measures of height and weight		kgmsquared	
chair stand test		other	seconds
Lunar Prodigy 10631 GE Medical Systems	1% (precision)	gm_cm_2	
Lunar Prodigy 10631 GE Medical Systems	1% (precision)	gm_cm_2	
Lunar Prodigy 10631 GE Medical Systems		gm_cm_2	
Lunar Prodigy 10631 GE Medical Systems		gm_cm_2	
chair stand test		other	seconds
Lunar Prodigy 10631 GE Medical Systems	1% (precision)	gm_cm_2	
Lunar Prodigy 10631 GE Medical Systems	1% (precision)	gm_cm_2	
Lunar Prodigy 10631 GE Medical Systems		gm_cm_2	
Lunar Prodigy 10631 GE Medical Systems		gm_cm_2	
derived from measures of height and weight		kgmsquared	
Hologic		gm_cm_2	
Hologic		gm_cm_2	
vertical jump		centimeters	
DEA-DTX 200 Osteometer		gm_cm_2	
DEA-DTX 200 Osteometer		gm_cm_2	
1 RM for lower body strength		kilograms	
1 RM for upper body strength		kilograms	
		kilograms	
derived from measures of height and weight		kgmsquared	
calculated using equations from Woo, Ho, and Sham, 2001		percentage	
		kilograms	
		kilograms	
incremental treadmill test (INBRAMED, 10200ATL) to volitional exhaustion		mlkgmin	
incremental treadmill test (INBRAMED, 10200ATL) to volitional exhaustion		other	seconds
1RM maximum (arm curl)		kilograms	
1RM maximum (knee extension)		kilograms	
isometric strength (knee extensors) using an isokinetic dynamometer (Cybex Norm)		other	newton meters
Hologic QDR 4500A		gm_cm_2	
Hologic QDR 4500A		gm_cm_2	
Hologic QDR 4500A		gm_cm_2	
Hologic QDR 4500A		gm_cm_2	
Hologic QDR 4500A		gm_cm_2	
		kilograms	
		kilograms	
incremental treadmill test (INBRAMED, 10200ATL) to volitional exhaustion		mlkgmin	
incremental treadmill test (INBRAMED, 10200ATL) to volitional exhaustion		other	seconds

Outcome Characteristics

1RM maximum (arm curl)		kilograms	
1RM maximum (knee extension)		kilograms	
isometric strength (knee extensors) using an isokinetic dynamometer (Cybex Norm)		other	newton meters
Hologic QDR 4500A		gm_cm_2	
Hologic QDR 4500A		gm_cm_2	
Hologic QDR 4500A		gm_cm_2	
Hologic QDR 4500A		gm_cm_2	
Hologic QDR 4500A		gm_cm_2	
	1.4 (coefficient of variation)	gm_cm_2	
	1.9 (coefficient of variation)	gm_cm_2	
	2.7 (coefficient of variation)	gm_cm_2	
		kilograms	
		kgmsquared	
		milligrams	
light clothing with shoes off		kilograms	
derived from measures of height and weight		kgmsquared	
Hologic QDR-2000	2.95% (coefficient of variation)	percentage	
Food frequency questionnaire; current use of calcium and other nutritional supplements; Block Food Frequency Questionnaire		milligrams	
Food frequency questionnaire; current use of calcium and other nutritional supplements; Block Food Frequency Questionnaire		other	micrograms
Hologic QDR-2000	0.7% (coefficient of variation)	gm_cm_2	
Hologic QDR-2000	1.0% (coefficient of variation)	gm_cm_2	
Hologic QDR-2000		gm_cm_2	
Hologic QDR-2000		gm_cm_2	
Hologic QDR-2000		gm_cm_2	
Hologic QDR-2000	0.5% (coefficient of variation)	gm_cm_2	
1 RM bench press test		kilograms	
1 RM leg press test		kilograms	
electronic scale (SECA707) to plus or minus 0.2 kg		kilograms	
derived from measures of height and weight		kgmsquared	
Lunar Prodigy (GE)	0.9% (coefficient of variation)	kilograms	
Lunar Prodigy (GE)	0.4% (coefficient of variation)	kilograms	
Lunar Prodigy (GE)	0.4% (coefficient of variation)	percentage	
Lunar Prodigy (GE)	0.1% (coefficient of variation)	gm_cm_2	
Lunar Prodigy (GE)		gm_cm_2	
Lunar Prodigy (GE)		gm_cm_2	
Lunar Prodigy (GE)		gm_cm_2	
Lunar Prodigy (GE)		gm_cm_2	
Lunar Prodigy (GE)		gm_cm_2	
standard equipment in stocking feet and underwear		kilograms	
derived from measures of height and weight		kgmsquared	

Outcome Characteristics

Lunar DPX-L	0.9% (coefficient of variation)	kilograms	
Lunar DPX-L	0.7% (coefficient of variation)	gm_cm_2	
Lunar DPX-L	1.0% (coefficient of variation)	gm_cm_2	
Lunar DPX-L	0.6% (coefficient of variation)	gm_cm_2	
Lunar DPX-L	0.8% (coefficient of variation)	gm_cm_2	
Lunar DPX-L	1.5% (coefficient of variation)	gm_cm_2	
Lunar DPX-L	1.2% (coefficient of variation)	gm_cm_2	
1RM handgrip strength using a tensiometer		newtons	
1RM knee extensor strength using a tensiometer		newtons	
30 meter walk			meters/second
timed standing balance on one leg		other	seconds
Berg Balance Scale		other	
standard height and weight measurements taken		kilograms	
skinfold calipers at biceps, triceps, subscapula, anterior-superior iliac spine	.835 (reliability)	percentage	
Hologic QDR-1000	1% (precision)	gm_cm_2	
Hologic QDR-1000	1-2% (precision)	gm_cm_2	
Hologic QDR-1000	1-2% (precision)	gm_cm_2	
Bruce treadmill test using Quinton Q55 treadmill		mlkgmin	
isokinetic knee extension using Cybex340	5.5% (reliability)	other	foot pounds
isokinetic knee flexion using Cybex340	7.5% (reliability)	other	foot pounds
isokinetic trunk extension using the Lumex Trunk Extension Flexion Unit	11.4% (reliability)	other	foot pounds
isokinetic trunk flexion using the Lumex Trunk Extension Flexion Unit	3.5% (reliability)	other	foot pounds
calibrated digital scale (SECA, model 770), accurate to 0.1 kg		kilograms	
derived from measures of height and weight		kgmsquared	
Lunar Model DPX-L		kilograms	
Lunar Model DPX-L		percentage	
Lunar Model DPX-L	2.4% (precision)	gm_cm_2	
Lunar Model DPX-L	2.4% (precision)	gm_cm_2	
Lunar Model DPX-L	1.8% (precision)	gm_cm_2	
Lunar Model DPX-L	0.8% (precision)	gm_cm_2	
calibrated digital scale (SECA, model 770), accurate to 0.1 kg		kilograms	
derived from measures of height and weight		kgmsquared	
Lunar Model DPX-L		kilograms	
Lunar Model DPX-L		percentage	
Lunar Model DPX-L	2.4% (precision)	gm_cm_2	
Lunar Model DPX-L	2.4% (precision)	gm_cm_2	
Lunar Model DPX-L	1.8% (precision)	gm_cm_2	
Lunar Model DPX-L	0.8% (precision)	gm_cm_2	
Lunar DP3	3% (precision error)	gm_cm_2	
		kilograms	

Outcome Characteristics

		percentage	
		kilograms	
		mlkgmin	
		milligrams	
Lunar DP3	3% (precision error)	gm_cm_2	
		kilograms	
		percentage	
		kilograms	
		mlkgmin	
		milligrams	
	0.5-0.8% (coefficient of variation)	gm_cm_2	
	0.5-0.8% (coefficient of variation)	gm_cm_2	
	0.5-0.8% (coefficient of variation)	gm_cm_2	
	0.5-0.8% (coefficient of variation)	gm_cm_2	
	0.5-0.8% (coefficient of variation)	gm_cm_2	
	0.5-0.8% (coefficient of variation)	gm_cm_2	
	0.5-0.8% (coefficient of variation)	gm_cm_2	
	0.5-0.8% (coefficient of variation)	gm_cm_2	
		kilograms	
		kgmsquared	
biceps, triceps, subscapularis, and suprailiac with a Harpenden skinfold caliper		percentage	
		kilograms	
estimated VO2 max from a 2 km walking test		mlkgmin	
3-day diet records		milligrams	
trunk extension with an arm dynamometer (Digitest, Muurame, Finland)		kilograms	
trunk flexion with an arm dynamometer (Digitest, Muurame, Finland)		kilograms	
leg extension with a leg press dynamometer (Tamtron, Tampere, Finland)		kilograms	
elbow flexion with an arm dynamometer (Digitest, Muurame, Finland)		kilograms	
leg extensor power with vertical counter-movement jump test/no weight (Newtest, Oulu, Finland)		other	meters/second
leg extensor power with vertical counter-movement jump test (10% more weight) (Newtest, Oulu, Finland)		other	meters/second
figure 8 running test around 2 poles, 10 meters apart		other	seconds
	0.7-1.7% (coefficient of variation)	gm_cm_2	
	0.7-1.7% (coefficient of variation)	gm_cm_2	
	0.7-1.7% (coefficient of variation)	gm_cm_2	
	0.7-1.7% (coefficient of variation)	gm_cm_2	
		kilograms	
		kgmsquared	
		percentage	
		kilograms	
		milligrams	

Outcome Characteristics

trunk extension with an arm dynamometer (Digitest, Muurame, Finland)		kilograms	
trunk flexion with an arm dynamometer (Digitest, Muurame, Finland)		kilograms	
leg extension with a leg press dynamometer (Tamtron, Tampere, Finland)		kilograms	
elbow flexion with an arm dynamometer (Digitest, Muurame, Finland)		kilograms	
maximum oxygen consumption using a bicylce ergometer test		litersmin	
	0.7-1.7% (coefficient of variation)	gm_cm_2	
	0.7-1.7% (coefficient of variation)	gm_cm_2	
	0.7-1.7% (coefficient of variation)	gm_cm_2	
	0.7-1.7% (coefficient of variation)	gm_cm_2	
		kilograms	
		kgmsquared	
		percentage	
		milligrams	
trunk extension with an arm dynamometer (Digitest, Muurame, Finland)		kilograms	
trunk flexion with an arm dynamometer (Digitest, Muurame, Finland)		kilograms	
leg extension with a leg press dynamometer (Tamtron, Tampere, Finland)		kilograms	
elbow flexion with an arm dynamometer (Digitest, Muurame, Finland)		kilograms	
maximum oxygen consumption using a bicylce ergometer test		litersmin	
Hologic QDR-4500		gm_cm_2	
Hologic QDR-4500		gm_cm_2	
Hologic QDR-4500		gm_cm_2	
Hologic QDR-4500		gm_cm_2	
wearing light clothing and without shoes or socks		kilograms	
derived from measures of height and weight		kgmsquared	
hangrip strength using a handgrip dynamometer (Takei Scientific Instruments)		kilograms	
quadriceps device		kilograms	
SMART Balance Master (NeuroCom)		other	1-100
single stance (average of both legs)		other	seconds
single stance (average of dominant leg)		other	seconds
Hologic QDR-4500		kilograms	
Hologic QDR-4500		gm_cm_2	
Hologic QDR-4500		gm_cm_2	
Hologic QDR-4500		gm_cm_2	
Hologic QDR-4500		gm_cm_2	
wearing light clothing and without shoes or socks		kilograms	
derived from measures of height and weight		kgmsquared	
hangrip strength using a handgrip dynamometer (Takei Scientific Instruments)		kilograms	
quadriceps device		kilograms	
SMART Balance Master (NeuroCom)		other	1-100
single stance (average of both legs)		other	seconds

Outcome Characteristics

single stance (average of dominant leg)		other	seconds
Hologic QDR-4500		kilograms	
Hologic QDR-4500		gm_cm_2	
Hologic QDR-4500		gm_cm_2	
Hologic QDR-4500		gm_cm_2	
Hologic QDR-4500		gm_cm_2	
wearing light clothing and without shoes or socks		kilograms	
derived from measures of height and weight		kgmsquared	
hangrip strength using a handgrip dynamometer (Takei Scientific Instruments)		kilograms	
quadriceps device		kilograms	
SMART Balance Master (NeuroCom)		other	1-100
single stance (average of both legs)		other	seconds
single stance (average of dominant leg)		other	seconds
Hologic QDR-4500		kilograms	
Hologic QDR-4500		gm_cm_2	
Hologic QDR-4500		gm_cm_2	
Hologic QDR-4500		gm_cm_2	
Hologic QDR-4500		gm_cm_2	
wearing light clothing and without shoes or socks		kilograms	
derived from measures of height and weight		kgmsquared	
hangrip strength using a handgrip dynamometer (Takei Scientific Instruments)		kilograms	
quadriceps device		kilograms	
SMART Balance Master (NeuroCom)		other	1-100
single stance (average of both legs)		other	seconds
single stance (average of dominant leg)		other	seconds
Hologic QDR-4500		kilograms	
		kilograms	
derived from measures of height and weight		kgmsquared	
Norland XR-26	1.14% (coefficient of variation)	gm_cm_2	
Norland Excell		gm_cm_2	
Norland Excell		gm_cm_2	
AccuSway OR6-7 computerized force platform		gm_cm_2	
mean of 1RM for 8 upper and lower body exercises		kilograms	
standard balance beam scale calibrated daily		kilograms	
digital scale wearing minimal clothing		kilograms	
Hologic QDR 4500		percentage	
4-day dietary protocols		milligrams	
maximal treadmill test		mlkgmin	
Hologic QDR 4500	0.9% (coefficient of variation)	gm_cm_2	
Hologic QDR 4500	1.0% (coefficient of variation)	gm_cm_2	

[illegible]

Outcome Characteristics

1RM maximum		kilograms	
1RM maximum		kilograms	
1RM maximum		kilograms	
		kilograms	
		percentage	
		kilograms	
Hologic QDR 4500	1.0% (coefficient of variation)	gm_cm_2	
Hologic QDR 4500		gm_cm_2	
Hologic QDR 4500	1.3% (coefficient of variation)	gm_cm_2	
Hologic QDR 4500	1.3% (coefficient of variation)	gm_cm_2	
Hologic QDR 4500	1.5% (coefficient of variation)	gm_cm_2	
Hologic QDR 4500	1.6% (coefficient of variation)	gm_cm_2	
Hologic QDR 4500	1.4% (coefficient of variation)	gm_cm_2	
Hologic QDR 4500	1.3% (coefficient of variation)	gm_cm_2	
Hologic QDR 2000	1.0% (coefficient of variation)	gm_cm_2	
		kilograms	
		percentage	
		kilograms	
Hologic QDR 4500	1.0% (coefficient of variation)	gm_cm_2	
Hologic QDR 4500		gm_cm_2	
Hologic QDR 4500	1.3% (coefficient of variation)	gm_cm_2	
Hologic QDR 4500	1.3% (coefficient of variation)	gm_cm_2	
Hologic QDR 4500	1.5% (coefficient of variation)	gm_cm_2	
Hologic QDR 4500	1.6% (coefficient of variation)	gm_cm_2	
Hologic QDR 4500	1.4% (coefficient of variation)	gm_cm_2	
Hologic QDR 4500	1.3% (coefficient of variation)	gm_cm_2	
Hologic QDR 2000	1.0% (coefficient of variation)	gm_cm_2	
digital scale		kilograms	
derived from measures of height and weight		kgmsquared	
3-day food diary (two weekdays and one weekend day)		milligrams	
3-day food diary (two weekdays and one weekend day)		other	micrograms
Lunar Prodigy		gm_cm_2	
Lunar Prodigy		gm_cm_2	
Lunar Prodigy		gm_cm_2	
digital scale		kilograms	
derived from measures of height and weight		kgmsquared	
3-day food diary (two weekdays and one weekend day)		milligrams	
3-day food diary (two weekdays and one weekend day)		other	micrograms
Lunar Prodigy		gm_cm_2	
Lunar Prodigy		gm_cm_2	

Outcome Characteristics

Lunar Prodigy		gm_cm_2	
without clothes in light clothing using a clinical scale (Detecto)		kilograms	
derived from measures of height and weight		kgmsquared	
Balke-Ware treadmill protocol		mlkgmin	
Lunar PIXI #50828	0.585% (coefficient of variation)	gm_cm_2	
Lunar PIXI #50828	2.79% (coefficient of variation)	gm_cm_2	
Hologic QDR 4500W		gm_cm_2	
Hologic QDR 4500W		gm_cm_2	
Hologic QDR 4500W		gm_cm_2	
Hologic QDR 4500W		gm_cm_2	
Hologic QDR 4500W		gm_cm_2	
Hologic QDR 4500W	0.339% (coefficient of variation)	gm_cm_2	
Hologic QDR 4500W		percentage	
Hologic QDR 4500W		kilograms	
3-day dietary intake record		milligrams	
IRM maximum		kilograms	
without clothes in light clothing using a clinical scale (Detecto)		kilograms	
derived from measures of height and weight		kgmsquared	
Balke-Ware treadmill protocol		mlkgmin	
Lunar PIXI #50828	0.585% (coefficient of variation)	gm_cm_2	
Lunar PIXI #50828	2.79% (coefficient of variation)	gm_cm_2	
Hologic QDR 4500W		gm_cm_2	
Hologic QDR 4500W		gm_cm_2	
Hologic QDR 4500W		gm_cm_2	
Hologic QDR 4500W		gm_cm_2	
Hologic QDR 4500W		gm_cm_2	
Hologic QDR 4500W	0.339% (coefficient of variation)	gm_cm_2	
Hologic QDR 4500W		percentage	
Hologic QDR 4500W		kilograms	
3-day dietary intake record		milligrams	
IRM maximum		kilograms	
		kilograms	
Hologic DXA 4500	.30% (coefficient of variation)	kilograms	
Hologic DXA 4500	1.42% (coefficient of variation)	kilograms	
Hologic DXA 4500	<1.2% (coefficient of variation)	gm_cm_2	
Hologic DXA 4500	<1.2% (coefficient of variation)	gm_cm_2	
Hologic DXA 4500	<1.2% (coefficient of variation)	gm_cm_2	
Norland/Stratec XCT 540 densitometer		other	mg/mm
Norland/Stratec XCT 540 densitometer		other	mmsquared
Norland/Stratec XCT 540 densitometer		other	mg/cmcubed

Outcome Characteristics

Norland/Stratec XCT 540 densitometer		other	mmcubed
Norland/Stratec XCT 540 densitometer		other	mg/mm
Norland/Stratec XCT 540 densitometer		other	mmsquared
Norland/Stratec XCT 540 densitometer		other	mg/cm ³
Norland/Stratec XCT 540 densitometer		other	mg/mm
Norland/Stratec XCT 540 densitometer		other	mmsquared
Norland/Stratec XCT 540 densitometer		other	mg/cm ³
Norland/Stratec XCT 540 densitometer		other	mmcubed
Norland/Stratec XCT 540 densitometer		other	mg/mm
Norland/Stratec XCT 540 densitometer		other	mmsquared
Norland/Stratec XCT 540 densitometer		other	mg/cm ³
		kilograms	
Hologic DXA 4500	.30% (coefficient of variation)	kilograms	
Hologic DXA 4500	1.42% (coefficient of variation)	kilograms	
Hologic DXA 4500	<1.2% (coefficient of variation)	gm _{cm2}	
Hologic DXA 4500	<1.2% (coefficient of variation)	gm _{cm2}	
Hologic DXA 4500	<1.2% (coefficient of variation)	gm _{cm2}	
Norland/Stratec XCT 540 densitometer		other	mg/mm
Norland/Stratec XCT 540 densitometer		other	mmsquared
Norland/Stratec XCT 540 densitometer		other	mg/cm ³
Norland/Stratec XCT 540 densitometer		other	mmcubed
Norland/Stratec XCT 540 densitometer		other	mg/mm
Norland/Stratec XCT 540 densitometer		other	mmsquared
Norland/Stratec XCT 540 densitometer		other	mg/cm ³
Norland/Stratec XCT 540 densitometer		other	mg/mm
Norland/Stratec XCT 540 densitometer		other	mmsquared
Norland/Stratec XCT 540 densitometer		other	mg/cm ³
Norland/Stratec XCT 540 densitometer		other	mmcubed
Norland/Stratec XCT 540 densitometer		other	mg/mm
Norland/Stratec XCT 540 densitometer		other	mmsquared
Norland/Stratec XCT 540 densitometer		other	mg/cm ³
	1-4	gm _{cm2}	
	1-4	gm _{cm2}	
	1-4	gm _{cm2}	
	1-4	gm _{cm2}	
	1-4	gm _{cm2}	
	1-4	gm _{cm2}	
		kilograms	
		kgmsquared	
		percentage	

Outcome Characteristics

		kilograms	
4-day diet record (three weekdays and 1 weekend day)		milligrams	
4-day diet record (three weekdays and 1 weekend day)		other	micrograms
derived from measures of height and weight		kgmsquared	
Hologic QDR-4500A	1.1% (coefficient of variation)	kilograms	
Hologic QDR-4500A	3.1% (coefficient of variation)	percentage	
8-foot up and go test		other	seconds
one-leg stand		other	seconds
knee extension 180 degrees/second using an isokinetic dynamometer (Biodex System 4 Pro)		percentage	
knee flexion 180 degrees/second using an isokinetic dynamometer (Biodex System 4 Pro)		percentage	
knee extension 60 degrees/second using an isokinetic dynamometer (Biodex System 4 Pro)		percentage	
knee flexion 60 degrees/second using an isokinetic dynamometer (Biodex System 4 Pro)		percentage	
Hologic QDR-4500A	0.9% (coefficient of variation)	gm_cm_2	
Hologic QDR-4500A		gm_cm_2	
Hologic QDR-4500A		gm_cm_2	
Hologic QDR-4500A	1.1% (coefficient of variation)	gm_cm_2	
4-day diet record (three weekdays and 1 weekend day)		milligrams	
4-day diet record (three weekdays and 1 weekend day)		other	micrograms
derived from measures of height and weight		kgmsquared	
Hologic QDR-4500A	1.1% (coefficient of variation)	kilograms	
Hologic QDR-4500A	3.1% (coefficient of variation)	percentage	
8-foot up and go test		other	seconds
one-leg stand		other	seconds
knee extension 180 degrees/second using an isokinetic dynamometer (Biodex System 4 Pro)		percentage	
knee flexion 180 degrees/second using an isokinetic dynamometer (Biodex System 4 Pro)		percentage	
knee extension 60 degrees/second using an isokinetic dynamometer (Biodex System 4 Pro)		percentage	
knee flexion 60 degrees/second using an isokinetic dynamometer (Biodex System 4 Pro)		percentage	
Hologic QDR-4500A	0.9% (coefficient of variation)	gm_cm_2	
Hologic QDR-4500A		gm_cm_2	
Hologic QDR-4500A		gm_cm_2	
Hologic QDR-4500A	1.1% (coefficient of variation)	gm_cm_2	
4-day diet record (three weekdays and 1 weekend day)		milligrams	
4-day diet record (three weekdays and 1 weekend day)		other	micrograms
derived from measures of height and weight		kgmsquared	
Hologic QDR 4500A	3.6% (coefficient of variation)	percentage	
Hologic QDR 4500A	1.1% (coefficient of variation)	kilograms	
6-minute walk test		meters	
handgrip strength with digital dynamometer (Grip-D, Model TTK 5401)		kilograms	
8-foot up and go test		other	seconds
one-leg stand		other	seconds

Outcome Characteristics

chair stand test		other	repetitions
isokinetic right knee extension (180 degrees/second)		other	peak torque/bod
isokinetic left knee extension (180 degrees/second)		other	peak torque/bod
isokinetic right knee flexion (180 degrees/second)		other	peak torque/bod
isokinetic left knee flexion (180 degrees/second)		other	peak torque/bod
isokinetic right knee extension (60 degrees/second)		other	peak torque/bod
isokinetic left knee extension (60 degrees/second)		other	peak torque/bod
isokinetic right knee flexion (60 degrees/second)		other	peak torque/bod
isokinetic left knee flexion (60 degrees/second)		other	peak torque/bod
Hologic QDR 4500A	0.9% (coefficient of variation)	gm_cm_2	
Hologic QDR 4500A		gm_cm_2	
Hologic QDR 4500A		gm_cm_2	
Hologic QDR 4500A	1.1% (coefficient of variation)	gm_cm_2	
Hologic QDR 4500A	0.8% (coefficient of variation)	gm_cm_2	
	2	gm_cm_2	
		kilograms	
		kgmsquared	
		mlkgmin	
	2	gm_cm_2	
		kilograms	
		kgmsquared	
		mlkgmin	
	2.1	gm_cm_2	
	1	gm_cm_2	
		kilograms	
		kgmsquared	
		milligrams	
1 RM		kilograms	
1 RM	.88 (reliability)	kilograms	
1 RM		kilograms	
1 RM		kilograms	
1 RM		kilograms	
tandem walk test over a 20 foot course		other	seconds
Harvard Alumni Questionnaire		other	kj/wk
		kilograms	
derived from measures of height and weight		kgmsquared	
Hologic QDR 1500		gm_cm_2	
Hologic QDR 1500	0.87% (coefficient of variation)	gm_cm_2	
Hologic QDR 1500	1.0% (coefficient of variation)	gm_cm_2	
	1	mg_cm_2	

Outcome Characteristics

	1.5	mg_cm_2	
	1.8	mg_cm_2	
	2.2	mg_cm_2	
	2.2	mg_cm_2	
	2.3	mg_cm_2	
	1.8	mg_cm_2	
	1.8	mg_cm_2	
		kilograms	
Lunar DPX	~1.0% (coefficient of variation)	gm_cm_2	
Lunar DPX	~1.0% (coefficient of variation)	gm_cm_2	
Lunar DPX	~1.0% (coefficient of variation)	gm_cm_2	
Lunar DPX	~1.0% (coefficient of variation)	gm_cm_2	
hand dynamometer		kilograms	
1 RM		kilograms	
1 RM		kilograms	
1 RM		kilograms	
1 RM		kilograms	
1 RM		kilograms	
derived from measures of height and weight		kgmsquared	
graded treadmill walking		mlkgmin	
		kilograms	
Hologic Delphi 4500/w		kilograms	
Hologic Delphi 4500/w		kilograms	
Hologic Delphi 4500/w		gm_cm_2	
1RM (sum of biceps curl, bench press, seated row, knee extension, knee flexion, leg press)		pounds	
time needed to complete and obstacle course			seconds
one-leg stand			seconds
Hologic Delphi 4500/w		gm_cm_2	
Hologic Delphi 4500/w		gm_cm_2	
body weight		kilograms	
maximum oxygen consumption test		mlkgmin	
Hologic QDR-1000/W		gm_cm_2	
Hologic QDR-1000/W		gm_cm_2	
Hologic QDR-1000/W		gm_cm_2	
Hologic QDR-1000/W		gm_cm_2	
Hologic QDR-1000/W		gm_cm_2	
		milligrams	
		IU	
1 RM		pounds	
1 RM		pounds	

Outcome Characteristics

digital stand-on scale (Scale-tronix 5005)		kilograms	
DXA (Lunar Prodigy)	<1.0% (coefficient of variation)	kilograms	
DXA (Lunar Prodigy)	<1.0% (coefficient of variation)	kilograms	
DXA (Lunar Prodigy)	<1.0% (coefficient of variation)	gm_cm_2	
DXA (Lunar Prodigy)	<1.0% (coefficient of variation)	gm_cm_2	
DXA (Lunar Prodigy)	<1.0% (coefficient of variation)	gm_cm_2	
DXA (Lunar Prodigy)	<0.8% (coefficient of variation)	gm_cm_2	
VO2 max (ml/kg/min) on motorized treadmill		mlkgmin	
addiitonal pounds lifted		pounds	
Lunar DXA, version 1.2		kilograms	
Lunar DXA	1% (short term precison); 1.2%	gm_cm_2	
Lunar SP2	1% (short term precison); 1.5%	gm_cm_2	
Lunar DXA	1% (short term precison); 2.3%	gm_cm_2	
Lunar DXA	2% (short term precison); 2.5%	gm_cm_2	
Lunar DXA	2% (short term precison); 3.3%	gm_cm_2	
light clothing on a calibrated electronic scale		kilograms	
food frequency questionnaire		milligrams	
		kilograms	
DPX (Lunar)	2.3% (coefficient of variation)	gm_cm_2	
DPX (Lunar)	5.0% (coefficient of variation)	gm_cm_2	
		kilograms	
derived from measures of height and weight		kgmsquared	
3 day diet records		milligrams	
3 day diet records			micrograms
Hologic QDR-4500A	0.8% (short-term precision)	gm_cm_2	
Hologic QDR-4500A		kilograms	
Hologic QDR-4500A		kilograms	
Hologic QDR-4500A	0.5% (short-term precision); 0.3	gm_cm_2	
Hologic QDR-4500A	1.5% (short-term precision)	gm_cm_2	
Hologic QDR-4500A		gm_cm_2	
Hologic QDR-4500A		gm_cm_2	
		kilograms	
derived from measures of height and weight		kgmsquared	
Lunar Prodigy		gm_cm_2	
Lunar Prodigy		gm_cm_2	
Lunar Prodigy		gm_cm_2	

Outcome Characteristics

analysis_type	n_e	i_e	i_se_e	i_sd_e	f_e	f_se_e	f_sd_e	d_e	d_sd_e	d_se_e	lci_e	uci_e	p_e	p_sd_e	p_se_e	p_lci_e	p_uci_e
abp	16												0.20	1.88		-0.80	1.20
abp	16												-0.50	3.10		-2.20	1.10
abp	16												0.80	2.16		-0.40	1.90
abp	16												0.90	3.10		-0.80	2.50
abp	16	58.10		7.90	57.6			-0.50	3.0964843		-2.2	1.1	-0.86				
abp	16	21.70		3.00													
abp	16	26.10		6.50													
abp	13												0.90	1.82		-0.20	2.00
abp	13												1.50	2.98		-0.30	3.30
abp	13												0.50	1.99		-0.70	1.70
abp	13												0.10	2.90		-1.60	1.90
abp	13	60.30		10.30	59.9			-0.40	3.8060947		-2.7	1.9	-0.66				
abp	13	22.40		3.30													
abp	13	27.80		6.20													
abp	16												1.70	1.88		0.70	2.70
abp	16												2.20	3.00		0.60	3.80
abp	16												1.30	2.06		0.20	2.40
abp	16												-0.80	3.00		-2.40	0.80
abp	16	60.70		10.20	60.3			-0.40	3.28415		-2.1	1.4	-0.66				
abp	16	22.90		3.20													
abp	16	30.10		6.10													
abp	30	1.14		0.12	1.15		0.12	0.01	0.016				1.05				
abp	30	0.97		0.13	0.99		0.13	0.02	0.027				2.06				
abp	30	0.82		0.11	0.85		0.11	0.02	0.033				2.92				
abp	30	60.7		7.90	60.7		7.90	0.00	3.5329874				0.00				
abp	30	22.7		2.50	22.7		2.50	0.00	1.118034				0.00				
abp	30	186.00		45.00				12.90	21.908902	4			6.94				
abp	30	39.00		8.00				3.70	3.8340579	0.7			9.49				
abp	45	1.09		0.09	1.09		0.09	0.00	0.027				-0.18				
abp	45	0.89		0.09	0.88		0.09	-0.02	0.033				-1.68				
abp	45	0.77		0.08	0.76		0.08	-0.01	0.02				-1.18				
abp	45	64.7		7.30	64.7		7.30	0.00	3.2646592				0.00				
abp	45	25		2.60	25		2.60	0.00	1.1627553				0.00				
abp	45	1053		246.00	1053		246.00	0.00	110.01454				0.00				
abp	24	1.15		0.12	1.17		0.12	0.01	0.03				1.22				
abp	24	0.93		0.12	0.93		0.11	0.00	0.03				0.11				
abp	24	0.81		0.13	0.81		0.13	0.00	0.024				-0.01				
abp	24	64.2		5.30	64.2		5.30	0.00	2.3702321				0.00				
abp	24	24.3		2.00	24.3		2.00	0.00	0.8944272				0.00				

Outcome Characteristics

abp	24	1005		324.00	1005		324.00	0.00	144.8972				0.00				
abp	24	40.00		7.00				9.80	5.8787754	1.2			24.50				
abp	48	24.40		2.60													
abp	48	18.70		4.50	14.1		3.50	-4.60	2.0371549				-24.60				
abp	48	0.96		0.08	0.957		0.08	0.00	0.0344354				-0.31				
abp	48	0.98		0.08	0.983		0.08	0.00	0.0367723				-0.10				
abp	48	0.87		0.07	0.878		0.07	0.01	0.0322583				0.57				
abp	48	0.83		0.08	0.829		0.08	0.00	0.0348827				0.00				
itt	59	18.70		4.50	14.1		3.50	-4.60	2.0371549				-24.60				
itt	59	0.96		0.08	0.958		0.08	0.00	0.0355668				-0.42				
itt	59	0.99		0.08	0.984		0.09	0.00	0.0374566				-0.30				
itt	59	0.88		0.07	0.878		0.07	0.00	0.0307734				0.23				
itt	59	0.83		0.07	0.828		0.07	0.00	0.0321994				-0.24				
abp	12	24.05		2.44													
abp	12	1.27		0.14	1.263			-0.01	0.034641	0.01			-0.55				
abp	12	1.02		0.10	1.01		0.10	-0.01	0.0442154				-1.27				
abp	12																
abp	15	0.71	0.00	0.00	0.704	0.001	0.00	0.00	0.0017321				-0.09	0.19	0.05		
abp	15	0.88	0.00	0.00	0.88	0.001	0.00	0.00	0.0017321				-0.13	0.35	0.09		
abp	15	38.00	9.00	34.86	62	5	19.36	24.00	19.364917				63.16				
abp	15	20.00	7.00	27.11	37	6	23.24	17.00	11.874342				85.00				
abp	15	68.00	23.24	90.01	63	11.62	45.00	-5.00	53.24953				-7.35				
abp	15	28.00	15.49	59.99	25	19.36	74.98	-3.00	33.530772				-10.71				
abp	15	31.00	19.36	74.98	27	15.49	59.99	-4.00	33.530772				-12.90				
abp	9	56.70		5.80	56.3		4.50	-0.40	2.6286879				-0.71				
abp	9	18.30		3.20	17.1		2.90	-1.20	1.394991				-6.56				
abp	9	21.67		2.67	26.622		2.23	4.96	1.64325				22.87				
abp	9	562.56		98.35	671.67		72.68	109.11	42.51601				19.40				
abp	9	7.33		0.75	9.389		0.96	2.06	0.52705				28.03				
abp	9	46.67		5.55	65.222		8.92	18.56	5.19281				39.76				
abp	9	112.00		18.41	149.78		23.40	37.78	11.18903				33.73				
abp	9	0.85		0.09	0.84667		0.09	0.00	0.01379				0.11				
abp	9	0.68		0.08	0.68978		0.07	0.01	0.02319				1.26				
abp	9	0.61		0.09	0.61		0.09	0.00	0.0192				0.05				
abp	9	0.56		0.15	0.57911		0.15	0.02	0.04577				3.60				
abp	9	0.93		0.10	0.93922		0.11	0.01	0.03329				0.77				
abp	10	60.60		8.80	59.4		7.60	-1.20	3.8491558				-1.98				
abp	10	21.10		5.70	20.2		4.70	-0.90	2.5215075				-4.27				
abp	10	22.10		2.31	26.233		2.33	4.13	2.824				18.70				
abp	10	573.22		66.52	666.89		75.26	93.67	50.69517				16.34				

Outcome Characteristics

abp	10	6.83		1.30	8.556		1.16	1.72	0.66667				25.20			
abp	10	41.40		7.83	60.111		9.47	18.71	6.37974				45.20			
abp	10	124.11		23.20	146.67		22.28	22.56	12.52109				18.17			
abp	10	0.82		0.08	0.8139		0.08	-0.01	0.01648				-1.13			
abp	10	0.65		0.03	0.6456		0.03	-0.01	0.01722				-0.77			
abp	10	0.53		0.04	0.531		0.05	0.01	0.0152				1.10			
abp	10	0.44		0.04	0.4411		0.04	0.00	0.02164				0.11			
abp	10	0.91		0.06	0.9218		0.06	0.01	0.02359				1.40			
abp	38	1.04		0.18	1.05			0.01	0.02				0.57			
abp	38	0.84		0.11	0.86			0.02	0.04				1.90			
abp	38	0.50		0.09	0.50			0.00	0.02				0.20			
abp	38	67.7		10.90	67.6			-0.10					-0.15			
abp	38	25.8		3.80	25.79			-0.01					-0.04			
abp	38	836		216.00	864		222.00	28.00	98.114219				3.35			
abp	10	72.00	4.30	13.60												
abp	10	27.00	1.70	5.38												
abp	10	44.00	2.00	6.32												
abp	10	1214.00	200.00	632.46												
abp	10	10.00	2.10	6.64												
abp	10	0.89	0.04	0.13	0.885	0.037	0.12	-0.01	0.0565155				-0.60	3.16	1.00	
abp	10	0.90	0.03	0.09	0.901	0.03	0.09	0.00	0.0424264				-0.20	2.21	0.70	
abp	10	0.75	0.03	0.09	0.743	0.027	0.09	0.00	0.0400749				-0.10	2.85	0.90	
abp	10	0.68	0.03	0.09	0.676	0.028	0.09	0.00	0.0404228				0.20	3.48	1.10	
abp	10	0.61	0.04	0.12	0.601	0.034	0.11	-0.01	0.051049				-0.90	3.79	1.20	
abp	10	0.97	0.03	0.10	0.974	0.031	0.10	0.00	0.0438406				0.10	1.26	0.40	
abp	10	22.50	3.10	9.80	39.3	5	15.81	16.80	8.191459				90.00	66.41	21.00	
abp	10	103.70	10.40	32.89	136.3	11.9	37.63	32.60	16.432285				33.00	15.81	5.00	
abp	18	75.40		12.10	74.6		12.90	-0.80	5.6442891				-1.06			
abp	18	29.10		3.90	28.8		4.30	-0.30	1.8745666				-1.03			
abp	18	31.70		8.10	30.7		9.20	-1.00	4.0142247				-3.15			
abp	18	40.80		5.00	41.3		4.80	0.50	2.2				1.23			
abp	18	43.30		5.10	41.9		5.90	-1.40	2.5803101				-3.23			
abp	18	1.13		0.10	1.13		0.11	0.00	0.0479583				0.00			
abp	18	1.16		0.18	1.15		0.18	-0.01	0.0804984				-0.86			
abp	18	0.94		0.13	0.94		0.13	0.00	0.0581378				0.00			
abp	18	0.87		0.11	0.88		0.11	0.01	0.0491935				1.15			
abp	18	0.78		0.14	0.78		0.13	0.00	0.0611555				0.00			
abp	18	0.73		0.15	0.7		0.10	-0.03	0.074162				-4.11			
abp	21	66.90		8.70	67.1		9.40	0.20	4.1043879				0.30			
abp	21	25.20		2.70	25.5		2.70	0.30	1.2074767				1.19			

Outcome Characteristics

abp	21	38.60		3.20	37.2		3.70	-1.40	1.6180235				-3.63			
abp	21	0.97		0.09	0.99		0.09	0.02	0.0402492				2.10			
abp	21	0.67		0.07	0.68		0.07	0.01	0.031305				1.50			
abp	21	0.97		0.18	1		0.21	0.03	0.0919783				3.10			
abp	21	0.74		0.06	0.74		0.07	0.00	0.0306594				0.00			
abp	21	0.63		0.07	0.67		0.08	0.04	0.0349285				6.30			
abp	21	0.57		0.10	0.6		0.11	0.03	0.0479583				5.30			
abp	21	261.13		41.57	280.57		40.79	19.44	18.431941				7.40			
abp	21	240.08		42.16	253.45		46.44	13.37	20.245999				5.60			
abp	21	1.83		0.28	2.11		0.39	0.28	0.1842281				15.30			
abp	21	30.10		25.87	52.9		41.09	22.80	21.077193				75.70			
abp	21	55.14		1.46	55.33		1.56	0.19	0.6822903				0.30			
abp	32	70.14		13.15												
abp	32	34.30		6.10												
abp	32	1.08		0.09				-1.08					1.30	2.80		
abp	32	0.88		0.09				-0.88					0.50	2.60		
abp	32	0.72		0.09				-0.72					2.60	6.10		
abp	32	34.70		7.40				2.30	5.2				8.60	15.70		
abp	32	52.60		16.90				4.80	6.4				16.70	25.40		
abp	32	37.70		11.90				4.60	4.7				21.70	23.70		
abp	32	80.10		30.50				11.70	12.9				26.60	31.60		
abp	32	93.20		22.10				3.80	11.9				8.40	21.50		
abp	71	67.70		12.40												
abp	71	25.30		4.10												
abp	71	38.60		4.50												
abp	71	37.90		6.30												
abp	71	0.89		0.13	0.902			0.01	0.029				1.35			
abp	71	0.75		0.12	0.764			0.01	0.025				1.87			
abp	71	1.14		0.15	1.149			0.01	0.022				0.79			
abp	71	1.12		0.08	1.124			0.00	0.011				0.36			
abp	71	68.90		11.40												
abp	71	25.80		3.40												
abp	71	38.60		4.60												
abp	71	39.30		6.00												
abp	71	0.87		0.13	0.875			0.01	0.036				0.57			
abp	71	0.74		0.11	0.748			0.01	0.024				1.08			
abp	71	1.12		0.18	1.12			0.00	0.029				0.00			
abp	71	1.11		0.08	1.11			0.00	0.013				0.00			
abp	5	1.18		0.10	1.18		0.11	0.00	0.0479583				0.00			
abp	5	69		12.67	69.1		13.70	0.10	5.9813627				0.14			

Outcome Characteristics

abp	5	38.3	6.03	40.7	6.69	2.40	2.9161173	6.27								
abp	5	42.57		40.98		-1.60		-3.75								
abp	5	22.7	2.06	21.7	1.12	-1.00	1.1597586	-4.41								
abp	5	860.6	512.70	860.6	512.70	0.00	229.28641	0.00								
abp	5	1.17	0.10	1.19	0.10	0.02	0.0447214	1.71								
abp	5	72.3	19.20	71.2	20.20	-1.10	8.8638592	-1.52								
abp	5	41.3	4.19	41.5	4.32	0.20	1.9071078	0.48								
abp	5	42.44		41.65		-0.79		-1.86								
abp	5	21.9	2.93	23.6	2.04	1.70	1.4098014	7.76								
abp	5	935	326.70	935	326.70	0.00	146.10468	0.00								
abp	39	1.03	0.14													
abp	39	0.88	0.10					1.60	2.51							
abp	39	0.94	0.11													
abp	39	1.22	0.11													
abp	39	1.04	0.10													
abp	39	1.08	0.10													
abp	39	0.61	0.08													
abp	39	0.63	0.07					-1.50	3.77							
abp	39	62	7.00	62	7.00	0.00	3.1304952	0.00								
abp	39	23.2	2.60	23.2	2.60	0.00	1.1627553	0.00								
abp	39	30.9	3.70	30.9	3.70	0.00	1.6546903	0.00								
abp	39	42.84		42.84		0.00		0.00								
abp	39	36.4	3.10	39.5		3.10	3.61	8.52								
abp	39	1125	240.00	1125	240.00	0.00	107.33126	0.00								
abp	39	58.00	7.30													
abp	39	40.50	7.90													
abp	39	142.10	22.40													
abp	39	21.00	25.90													
abp	39	444.00	38.00													
abp	39	410.00	37.00													
abp	39	6.40	0.50													
abp	26	1.00	0.15													
abp	26	0.85	0.11													
abp	26	0.64	0.09													
abp	26	0.39	0.05													
abp	26	68	9.00													
abp	26	26.3	3.60													
abp	26	31.5	6.30													
abp	26	46.58														
abp	26	890	276.00	890	276.00	0.00	123.43095	0.00								

Outcome Characteristics

abp	26	60.90		11.30													
abp	26	45.00		10.00													
abp	26	133.30		23.60													
abp	26	19.30		3.40													
abp	26	1.83		0.27													
abp	23	1.00		0.13													
abp	23	0.89		0.10													
abp	23	0.63		0.08													
abp	23	0.39		0.05													
abp	23	71		12.00													
abp	23	26.5		4.00													
abp	23	33.3		6.50													
abp	23	942		243.00	942		243.00	0.00	108.6729				0.00				
abp	23	58.00		10.50													
abp	23	45.20		8.40													
abp	23	137.80		22.60													
abp	23	18.10		3.70													
abp	23	1.89		0.32													
abp		0.86		0.11				-0.86					-0.42	2.50			
abp	30	0.69		0.11													
abp	30	1.04		0.13													
abp	30	0.95		0.16				-0.95					1.31	2.30			
abp	30							-0.79	1.81								
abp	30	23.56		3.44	23.4		3.30	-0.13	0.7				-0.55				
abp	30							1.31	1.36								
abp	30							1.55	4.49								
abp	30							1.93	3.51								
abp	30							29.70	45.1								
abp	30							25.30	44.9								
abp	30	44.20		5.30	44.3		5.30	0.10	2.3702321				0.23				
abp		0.89		0.09				-0.89					-1.01	1.30			
abp	29	0.73		0.08													
abp	29	1.06		0.12													
abp	29	0.99		0.16				-0.99					1.10	2.20			
abp	29							-0.46	1.61								
abp	29	24.10		3.42	24		3.50	-0.08	0.59				-0.33				
abp	29							1.00	1.27								
abp	29							1.84	4.2								
abp	29							3.28	4.71								
abp	29							32.90	45								

Outcome Characteristics

abp	29						22.00	58.4									
abp	29	45.80		6.10	45.7		6.10	-0.10	2.7280029				-0.22				
abp		0.67		0.09				-0.67					0.21	2.50			
abp	28	0.57		0.07													
abp	28	0.83		0.12													
abp	28	0.68		0.09				-0.68					0.10	2.30			
abp	28							0.32	1.79								
abp	28	24.40		4.29	25.2		4.40	0.64	0.77				2.62				
abp	28							0.89	1.36								
abp	28							3.23	5.28								
abp	28							1.89	4.05								
abp	28							62.60	124.1								
abp	28							3.57	26								
abp	28	34.90		5.40	35.3		5.40	0.40	2.4149534				1.15				
abp		0.68		0.11				-0.68					0.00	4.50			
abp	30	0.57		0.09													
abp	30	0.82		0.14													
abp	30	0.69		0.12				-0.69					2.00	2.60			
abp	30							-0.09	1.73								
abp	30	24.60		4.00	24.8		3.90	0.23	0.81				0.93				
abp	30							0.65	1.77								
abp	30							0.84	4.66								
abp	30							4.13	5.52								
abp	30							49.50	198.1								
abp	30							10.10	38.2								
abp	30	35.30		5.40	35.6		5.40	0.30	2.4149534				0.85				
abp	8	45.50		6.50													
abp	8	19.70		1.30													
abp	8	0.60		0.07	0.62		0.09	0.03	0.0395702				4.29	2.34			
abp	9	0.67		0.04	0.74		0.05	0.07	0.0223607				10.45				
abp	9	0.77		0.07	0.88		0.08	0.11	0.0349285				14.29				
abp	9	2.49		0.52	1.83		0.26	-0.66	0.3076361				-26.51				
abp	9	24.21		3.84	29.58		5.78	5.37	2.8640251				22.18				
abp	9	78.00		9.20	73.8		7.30	-4.20	4.1281957				-5.38				
abp	123	68.10		10.90													
abp	123	36.30		5.90													
abp	123	828.00		414.00													
abp	123	24.10		4.10													
abp	115	0.92		0.16	0.936		0.17	0.02	0.027				1.77	2.76		1.26	2.28
abp	115	0.71			0.713			0.01	0.024				1.01	3.46		0.37	1.65

Outcome Characteristics

abp	115	0.37	0.68	1	1.37	0.63	0.8138919	170.27								
abp	28	69.40	11.40													
abp	28	0.98	0.10													
abp	28	38.10	7.70													
abp	28	41.50														
abp	23	0.65	0.11			-0.65		1.70	4.10							
abp	23	0.98	0.15			-0.98		1.50	3.00							
abp	23	0.72	0.10			-0.72		0.00	3.10							
abp	23	0.55	0.10			-0.55		2.30	4.00							
abp	25	0.36	0.06			-0.36		2.40	4.30							
abp	25	0.50	0.07			-0.50		0.50	3.20							
abp	25	0.56	0.08			-0.56		0.90	3.50							
abp	23	54.00	14.00	99	22.00	45.00	11.207141	94.00	83.00							
abp	23	45.00	13.00	86	26.00	41.00	15.381807	106.00	97.00							
abp	23	42.00	13.00	85	27.00	43.00	16.315637	114.00	90.00							
abp	23	49.00	14.00	84	17.00	35.00	7.5232971	86.00	89.00							
abp	23	41.00	13.00	73	26.00	32.00	15.381807	95.00	106.00							
abp	25	10.00	2.00	13	2.00	3.00	0.8944272	38.00	40.00							
abp	25	6.00	1.00	8	2.00	2.00	1.183216	49.00	42.00							
abp	25	9.00	2.00	12	2.00	3.00	0.8944272	33.00	26.00							
abp	25	6.00	1.00	10	2.00	4.00	1.183216	67.00	43.00							
abp	25	15.00	3.00	26	6.00	11.00	3.5496479	71.00	26.00							
abp	28	70.80	10.00													
abp	28	1.00	0.12													
abp	28	40.40	7.10													
abp	28	40.50	4.00													
abp	19	0.65	0.10			-0.65		0.30	2.80							
abp	19	1.02	0.15			-1.02		0.30	2.40							
abp	19	0.75	0.12			-0.75		0.20	4.20							
abp	19	0.58	0.16			-0.58		1.90	8.90							
abp	21	0.37	0.06			-0.37		-0.20	5.90							
abp	21	0.53	0.07			-0.53		0.10	1.40							
abp	21	0.60	0.08			-0.60		0.40	2.80							
abp	19	51.00	12.00	98	18.00	47.00	8.8994382	102.00	57.00							
abp	19	43.00	9.00	87	18.00	44.00	10.648944	110.00	49.00							
abp	19	42.00	13.00	82	22.00	40.00	11.75585	128.00	139.00							
abp	19	45.00	8.00	86	18.00	41.00	11.349009	96.00	46.00							
abp	19	46.00	15.00	69	20.00	23.00	9.2195445	50.00	44.00							
abp	21	10.00	2.00	12	2.00	2.00	0.8944272	21.00	20.00							
abp	21	6.00	1.00	8	2.00	2.00	1.183216	38.00	42.00							

Outcome Characteristics

abp	21	9.00	2.00	11	3.00	2.00	1.4832397	25.00	22.00
abp	21	6.00	2.00	9	2.00	3.00	0.8944272	52.00	36.00
abp	21	15.00	3.00	25	6.00	10.00	3.5496479	68.00	36.00
abp	42	72.20	12.00						
abp	42	43.00	6.00						
abp	42	39.50	4.20						
abp	24	0.90	0.16			-0.90		-0.65	2.12
abp	24	0.86	0.12			-0.86		0.57	1.76
abp	24	0.67	0.10			-0.67		0.00	2.33
abp	24	1.01	0.15			-1.01		0.70	2.08
abp	24	0.72	0.11			-0.72		1.04	2.81
abp	24	0.36	0.07			-0.36		-0.71	2.77
abp	24	0.53	0.06			-0.53		-0.35	2.25
abp	24	0.62	0.08			-0.62		-0.07	2.65
abp	24					0.00		-0.62	1.38
abp	42	69.00	11.40						
abp	42	40.00	7.00						
abp	42	39.60	4.30						
abp	30	0.91	0.12			-0.91		-0.32	1.85
abp	30	0.84	0.11			-0.84		-0.65	1.81
abp	30	0.65	0.09			-0.65		-0.02	2.60
abp	30	1.00	0.15			-1.00		-1.07	2.49
abp	30	0.72	0.09			-0.72		0.03	2.22
abp	30	0.36	0.07			-0.36		-0.39	3.19
abp	30	0.53	0.07			-0.53		-1.21	1.84
abp	30	0.62	0.06			-0.62		-0.96	2.50
abp	30					0.00		-0.79	1.73
itt	45	83.20	11.90						
itt	45	27.40	3.70						
itt	45	911.00	360.00						
itt	45	1.20	2.10						
abp	43	1.23	0.16	1.236	0.17	0.00	0.0741741	0.93	2.82
abp	43	0.92	0.07	0.933	0.07	0.01	0.0319906	1.18	2.32
abp	43	1.03	0.08	1.03	0.08	0.00	0.0367723	0.37	2.21
itt	46	85.20	10.90						
itt	46	28.10	3.30						
itt	46	1064.00	449.00						
itt	46	0.80	1.10						
abp	44	1.25	0.14	1.26	0.15	0.01	0.0645368	1.01	2.66
abp	44	0.94	0.08	0.947	0.08	0.01	0.0355668	1.01	2.29

Outcome Characteristics

abp	44	1.02		0.09	1.024		0.09	0.00	0.0413787				0.22	2.01			
abp	15	55.00		9.20													
abp	15	22.00		4.40													
abp	15	33.50		4.80													
abp	15	0.53	0.01	0.04									0.80	3.79		-1.30	2.90
abp	15	0.45	0.01	0.04									-0.50	4.60		-3.00	2.10
abp	15	1.10	0.02	0.08									0.40	2.08		-0.70	1.60
abp	15	0.92	0.02	0.08									0.50	2.62		-1.00	1.90
abp	15	0.85	0.03	0.12									0.50	3.25		-1.30	2.30
abp	15	0.69	0.02	0.08									0.50	4.33		-1.90	2.90
abp	15	0.84	0.03	0.12									1.10	5.42		-1.90	4.10
abp	15	0.99	0.02	0.08									0.90	2.17		-0.30	2.10
abp	15	30.00	1.40	5.42									1.00	10.56		-4.90	6.80
abp	15	39.20	1.20	4.65									-0.20	4.15		-2.50	2.10
abp	15	877.00	123.00	476.38									-0.50	360.25		-200.00	199.00
abp	15	80.00	5.70	22.08									55.00	28.44		39.20	70.70
abp	16	54.70		7.60													
abp	16	23.00		4.20													
abp	16	33.10		6.50													
abp	16	0.53	0.03	0.12									4.40	4.22		2.10	6.60
abp	16	0.48	0.01	0.04									0.80	5.91		-2.40	3.90
abp	16	1.11	0.02	0.08									1.40	2.18		0.18	2.50
abp	16	0.95	0.00										-1.00	2.53		-2.30	0.40
abp	16	0.86	0.03	0.12									-0.70	5.16		-3.50	2.00
abp	16	0.71	0.03	0.12									-0.30	2.91		-1.80	1.30
abp	16	0.83	0.05	0.20									-2.00	5.63		-5.00	1.00
abp	16	1.01	0.03	0.12									1.30	2.44		-0.10	2.50
abp	16	31.00	1.50	6.00									-2.40	11.26		-8.40	3.60
abp	16	38.70	1.10	4.40									0.50	3.57		-1.40	2.40
abp	16	764.00	119.00	476.00									16.30	443.83		-220.00	253.00
abp	16	89.00	5.80	23.20									14.00	29.46		-2.00	29.40
abp	32	59.90		9.40	58.70			-1.20	3.6				-2.00				
abp	32	38.00		4.10	38.4			0.40	1.1				1.05				
abp	32	20.60		5.70	20.5			-0.10	1.3				-0.49				
abp	29	0.67		0.14	0.671			0.00	0.0197171		-0.01	0.009	0.15				
abp	29	0.58		0.11	0.578			0.00	0.0184027		-0.01	0.005	-0.34				
abp	29	0.51		0.11	0.52			0.01	0.0354909		-0	0.023	1.96				
abp	32	214.11		68.83	213.03			-1.08	6.43482		-3.4	1.24	-0.50				
abp	32	198.21		56.65	197.16			-1.05	2.9261789		-3.4	-1.29	-0.53				
abp	32	1069.04		48.01	1068.98			-0.06	15.074675		-5.49	5.38	-0.01				

abp	32	1260.37		348.00	1246.7			-13.67	58.689996		-34.8	7.49	-1.08			
abp	31	160.11		37.72	159.66			-0.45	3.5305059		-1.75	0.84	-0.28			
abp	31	537.12		79.69	538.72			1.60	17.925155		-4.98	8.17	0.30			
abp	31	304.26		81.84	302.02			-2.24	12.431743		-6.8	2.32	-0.74			
abp	21	57.64		18.59	58.64			1.00	3.6577767		-0.66	2.67	1.73			
abp	21	51.78		14.01	52.23			0.45	2.9767492		-0.91	1.8	0.87			
abp	21	1096.80		76.55	1112.19			15.39	28.811857		2.27	28.5	1.40			
abp	21							4.95	14.158781		-1.5	11.39				
abp	27	57.07		17.87	58.06			0.99	9.1256832		-2.57	4.65	1.73			
abp	27	120.22		31.27	123.26			3.04	32.710898		-9.9	15.98	2.53			
abp	27	478.02		85.77	475.27			-2.75	48.118388		-36.8	1.28	-0.58			
abp	34	62.50		9.30	61.5			-1.00	2.1				-1.60			
abp	34	38.10		4.50	38.4			0.30	1				0.79			
abp	34	23.90		6.30	23.4			-0.50	1.5				-2.09			
abp	33	0.69		0.11	0.70			0.01	0.0183313		0	0.013	0.87			
abp	33	0.60		0.08	0.60			0.00	0.0197414		-0	0.011	0.67			
abp	33	0.53		0.08	0.54			0.01	0.0352525		-0.01	0.02	1.51			
abp	33	229.70		51.83	228.48			-1.22	6.3454536		-3.46	1.04	-0.53			
abp	33	212.39		42.92	210.21			-2.18	6.4159586		-4.46	0.09	-1.03			
abp	33	1076.20		42.26	1081.52			5.32	14.876563		0.04	10.59	0.49			
abp	33	1338.39		270.22	1330.02			-8.37	57.983345		-28.9	12.19	-0.63			
abp	32	165.75		29.37	164.78			-0.97	3.4809048		-2.23	0.28	-0.59			
abp	32	548.68		77.84	544.92			-3.76	17.640282		-10.1	2.6	-0.69			
abp	32	307.22		67.82	307.38			0.16	12.259442		-4.26	4.58	0.05			
abp	31	59.05		11.71	58.34			-0.71	3.6395562		-2.04	0.63	-1.20			
abp	31	52.83		9.62	52.42			-0.41	2.9716227		-1.5	0.68	-0.78			
abp	31	1114.59		32.56	1110.04			-4.55	28.680248		-15.1	5.97	-0.41			
abp	31							-0.60	14.094761		-5.77	4.57				
abp	32	58.39		14.37	55.07			-3.32	9.3193945		-6.68	0.04	-5.69			
abp	32	127.31		32.12	120.95			-6.36	32.936848		-18.2	5.51	-5.00			
abp	32	469.39		91.44	473.01			3.62	86.592707		-27.6	34.84	0.77			
abp	22	1.13		0.08	1.12		0.08	-0.01	0.0358106				-1.24			
abp	22	1.18		0.15	1.20		0.15	0.02	0.0679765				1.35			
abp	22	0.94		0.13	0.93		0.12	-0.01	0.0552069				-0.95			
abp	22	0.75		0.10	0.76		0.10	0.01	0.0438703				1.47			
abp	22	0.88		0.14	0.90		0.14	0.02	0.0619468				1.70			
abp	22	0.69		0.05	0.70		0.05	0.01	0.0239458				1.30			
abp	22	58.4		9.90												
abp	22	21.45														
abp	22	27.4		7.80												

Outcome Characteristics

abp	22	42.4															
itt	23	714.50		358.40													
itt	23	1.80		1.70													
itt	23	28.80		4.60	28.2		3.90	-0.60	2.0194059				-2.08				
itt	23	41.80		8.60	44.6		8.60	2.80	3.8460369				6.70				
itt	23	38.80		4.40	35.2		5.50	-3.60	2.4596748				-9.28				
itt	23	5.50		0.50	4.9		0.30	-0.60	0.2645751				-10.91				
itt	23	26.30		13.20	31.7		12.80	5.40	5.8268345				20.53				
itt	23	76.20		16.00	90.5		15.10	14.30	7.0092796				18.77				
itt	23	50.50		18.30	61.6		14.90	11.10	8.1298216				21.98				
itt	23	123.00		29.80	140.7		31.10	17.70	13.676476				14.39				
itt	23	74.60		23.40	94.4		24.50	19.80	10.764293				26.54				
itt	23	0.68		0.08	0.676		0.09	-0.01	0.0392428				-1.17				
itt	23	0.65		0.10	0.666		0.11	0.02	0.0462061				3.10				
itt	23	1.04		0.17	1.047		0.16	0.01	0.0743398				1.16				
itt	23	0.86		0.12	0.873		0.13	0.01	0.057772				1.63				
itt	24	608.50		248.80													
itt	24	2.30		1.40													
itt	24	27.50		3.80	27.5		3.30	0.00	1.6607227				0.00				
itt	24	37.30		5.20	37.2		5.20	-0.10	2.3255107				-0.27				
itt	24	39.20		4.50	38.4		3.80	-0.80	1.977372				-2.04				
itt	24	5.90		0.90	5.1		0.60	-0.80	0.4449719				-13.56				
itt	24	28.80		14.90	32.9		9.50	4.10	7.580897				14.24				
itt	24	84.50		21.50	81.2		24.90	-3.30	10.89174				-3.91				
itt	24	47.20		12.80	51.7		11.80	4.50	5.5864121				9.53				
itt	24	137.70		36.50	132.5		28.20	-5.20	16.575584				-3.78				
itt	24	71.80		19.00	77.1		19.30	5.30	8.5691306				7.38				
itt	24	0.66		0.11	0.66		0.11	0.00	0.0486518				0.46				
itt	24	0.64		0.10	0.641		0.10	0.00	0.0440613				0.47				
itt	24	1.02		0.14	1.02		0.14	0.00	0.0632882				-0.20				
itt	24	0.85		0.13	0.849		0.12	0.00	0.0556866				0.12				
itt	30	654.90		200.80													
itt	30	1.60		1.20													
itt	30	28.40		3.70	28.4		3.30	0.00	1.6130716				0.00				
itt	30	38.00		2.90	35.9		3.10	-2.10	1.3557286				-5.53				
itt	30	39.30		5.50	40.6		5.80	1.30	2.5436195				3.31				
itt	30	544.80		67.40	555		62.00	10.20	29.409522				1.87				
itt	30	24.70		4.20	27		3.20	2.30	1.9204166				9.31				
itt	30	5.80		1.20	5		0.80	-0.80	0.5932959				-13.79				
itt	30	28.30		14.70	34.2		12.50	5.90	6.4490309				20.85				

Outcome Characteristics

itt	30	17.30		4.40	19.8		3.80	2.50	1.9245779				14.45			
itt	30	82.90		20.60	90.9		20.00	8.00	9.0972523				9.65			
itt	30	77.60		18.60	79.8		24.50	2.20	11.222745				2.84			
itt	30	51.10		15.40	55.1		16.10	4.00	7.0765811				7.83			
itt	30	49.90		14.00	56.8		14.40	6.90	6.3623895				13.83			
itt	30	137.60		27.50	141.9		34.80	4.30	15.64257				3.13			
itt	30	126.50		36.50	135.5		30.90	9.00	16.029036				7.11			
itt	30	68.90		19.10	75.1		20.20	6.20	8.8529091				9.00			
itt	30	72.50		18.00	79.5		20.50	7.00	8.9470666				9.66			
itt	30	0.70		0.09	0.717		0.09	0.02	0.0397869				2.58			
itt	30	0.62		0.08	0.628		0.08	0.01	0.0356735				1.13			
itt	30	0.99		0.14	0.989		0.15	0.00	0.0652518				0.30			
itt	30	0.83		0.10	0.832		0.10	0.00	0.0462969				0.48			
itt	30	0.86		0.10	0.868		0.09	0.01	0.0428089				1.28			
abp	20	1.00		0.13	0.99		0.13	-0.01	0.0578705				-0.48	3.63		
abp	20	68.9		11.50	68.5		11.20	-0.40	5.0842895				-0.58			
abp	20	26.16			26			-0.16					-0.61			
abp	20	23.2		4.40	25		4.10	1.80	1.9230185				7.76			
abp	16	1.05		0.17	1.06		0.17	0.01	0.0771505				0.81	4.53		
abp	16	65.6		11.90	64.5		11.00	-1.10	5.1951901				-1.68			
abp	16	25.95			25.51			-0.44					-1.70			
abp	16	24.2		4.70	26.1		5.00	1.90	2.1886069				7.85			
itt	20	0.85		0.13	0.86			0.01	0.039				0.90	4.50		
itt	20	1.02		0.16	1.03			0.01	0.033				1.00	3.60		
itt	20	64.7		7.70												
itt	20	24.4		2.50												
itt	20	724		350.00	931		378.00	207.00	165.05757				28.59			
itt	20	84.70		14.10	111.6		19.10	26.90	8.8804279				35.20			
itt	20	22.10		6.20	37.8		10.40	15.70	5.5259388				72.40			
itt	20	18.50		4.10	32.4		5.10	13.90	2.2764007				76.30			
itt	20	27.60		6.80	37.8		7.60	10.20	3.3130047				43.50			
itt	20	14.30		5.10	20.4		5.10	6.10	2.2807893				42.60			
itt	20	24.60		5.80	20.4		5.20	-4.20	2.5282405				-14.30			
itt	20	6762.00		1046.00	8610		1109.00	1848.00	485.76929							
abp	23	69.00		12.40												
abp	23	25.90		4.40												
abp	23	0.73	0.01	0.05	0.73	0.01	0.05	0.00	0.0214476				0.00			
abp	23	0.88	0.02	0.10	0.89	0.02	0.10	0.01	0.0428952				1.14			
abp	23	1.01	0.02	0.10	1.02	0.02	0.10	0.01	0.0428952				0.99			
abp	31	862.00		145.00	864.73			2.73					0.32	1.42		

Outcome Characteristics

abp	31	849.00		121.00	851.76			2.76				0.33	1.77			
abp	31	657.00		89.00	649.58			-7.42				-1.13	2.15			
abp	31	629.00		87.00	634.09			5.09				0.81	2.29			
abp	31	1001.00		161.00	1003.30			2.30				0.23	1.79			
abp	31	694.00		103.00	695.94			1.94				0.28	1.92			
abp	31	641.00		92.00	633.31			-7.69				-1.20	2.35			
abp	31	623.00		101.00	616.46			-6.54				-1.05	2.26			
abp	20	68.40		12.00	68.5		12.00	0.10	5.3665631			0.15				
abp	20	0.82		0.11	0.83		0.12	0.01	0.052345			1.22				
abp	20	0.69		0.13	0.7		0.11	0.01	0.0570964			1.45				
abp	20	0.74		0.10	0.75		0.11	0.01	0.0479583			1.35				
abp	20	1.10		0.17	1.13		0.18	0.03	0.078867			2.73				
abp	20	24.60		3.80	26.7		3.60	2.10	1.6661332			8.54				
abp	20	13.40		2.30	17.3		2.80	3.90	1.2401613			29.10				
abp	20	99.50		10.20	118.5		9.30	19.00	4.447696			19.10				
abp	20	4.30		0.90	6.6		0.80	2.30	0.3924283			53.49				
abp	20	22.00		4.20	33		4.40	11.00	1.9328735			50.00				
abp	20	29.50		4.80	33.5		4.30	4.00	2.0923671			13.56				
itt	26	36.90		5.40												
itt	26	17.40		3.50	18.8			1.40	1			8.05				
itt	26	99.20		17.40	98.7			-0.50	3.6			-0.50				
itt	26	57.60		13.70	58.9			1.30	1.6			2.26				
itt	26	41.60		9.40	39.8			-1.80	1.9			-4.33				
itt	26	0.96		0.15	0.971			0.01	0.014			1.36				
itt	26	519.00		187.00	693			174.00	166			33.53				
itt	26	10.90		3.30	9.4			-1.50	1.4			-13.76				
itt	26	13.40		10.40	16.8			3.40	5.9			25.37				
itt	26	1.16		0.12	1.17			0.01	0.023			0.60				
itt	26	1.08		0.16	1.083			0.01	0.027			0.74				
itt	65	72.00		15.00												
itt	65	15.00		3.00												
itt	65	0.84		0.18	0.85		0.19	0.01	0.0833067			1.19				
itt	65	0.65		0.17	0.65		0.17	0.00	0.0760263			0.00				
itt	65	0.70		0.15	0.7		0.17	0.00	0.074162			0.00				
itt	65	1.09		0.26	1.08		0.28	-0.01	0.1223111			-0.92				
itt	65	1.09		0.16	1.09		0.18	0.00	0.0784857			0.00				
itt	65	792.00		282.00	1286		322.00	494.00	140.57311			62.37				
itt	65	147.00		94.00	613		119.00	466.00	53.499533			317.01				
itt	72	88.80	2.10	17.82	93.00			4.20	11.879394	1.4		4.73				
itt	72	295.00	5.80	49.21	323.50			28.50	61.942554	7.3		9.66				

Outcome Characteristics

itt	72	81.60	1.10	9.33	82.90			1.30	5.939697	0.7			1.59			
itt	72	34.90	0.80	6.79	34.30			-0.60	5.0911688	0.6			-1.72			
itt	72	43.30	0.50	4.24	45.00			1.70	2.5455844	0.3			3.93			
itt	72	0.85	0.01	0.08	0.86	0.01	0.08	0.01	0.0379473				1.18			
itt	72	1.07	0.01	0.08	1.07	0.01	0.08	0.00	0.0379473				0.00			
itt	72	1.09	0.01	0.08	1.09	0.01	0.08	0.00	0.0379473							
itt	72	1.29	0.02	0.17	1.29	0.02	0.17	0.00	0.0758947							
abp	45															
abp	22															
abp	28															
abp	28	1.24		0.12									0.97	3.23	0.61	
abp	28	0.69		0.06									-0.77	3.70	0.70	
abp	28	1.01		0.12									-1.49	3.23	0.61	
abp	28	0.79		0.12									-0.99	4.55	0.86	
abp	28	0.97		0.16									-1.33	5.87	1.11	
abp	28	60.15		9.96												
abp	28	914.00		403.21												
itt	14	61.70		10.80												
itt	10	0.97		0.17	0.978		0.17	0.01	0.035				0.93			
itt	10	0.73		0.12	0.717		0.13	-0.01	0.026				-1.24			
abp	31	54.10		7.30	53.1		7.30	-1.00	3.2646592				-1.85			
abp	31	22.40		2.90	22.1		2.90	-0.30	1.2969194				-1.34			
abp	31	723.80		221.50	693		220.30	-30.80	98.796407				-4.26			
abp	31	12.30		13.10	6.3		3.40	-6.00	10.148793				-48.78			
abp	31	0.98		0.10	0.976		0.10	0.00	0.0438748				-0.26	1.58		
abp	31	37.90		4.20	38		4.30	0.10	1.9031553				0.23	2.27		
abp	31	16.80		4.30	16.2		4.20	-0.60	1.9031553				-3.37	6.35		
abp	31	0.88		0.12	0.866		0.11	-0.01	0.0532748				-1.30	2.26		
abp	31	0.78		0.11	0.775		0.11	-0.01	0.0501019				-0.60	2.31		
abp	31	0.67		0.12	0.667		0.11	0.00	0.0508724				-0.39	4.09		
abp	31	0.59		0.10	0.589		0.09	0.00	0.0428089				-0.31	3.44		
abp	6	96.21		0.86	7.82	0.00	0.88	0.02	0.3916102				-1.04			
abp	6	31.40		5.50	31.1		5.60	-0.40	0.7				-1.27			
abp	6	1.11		0.09	1.1293		0.10	0.02	0.0328				2.10			
abp	6	0.77		0.34	0.9312		0.08	0.16	0.3492				20.25			
abp	6	0.86		0.06	0.8548		0.05	-0.01	0.0294				-0.78			

Outcome Characteristics

met_sd_e	p_met_sd_e	n_c	i_c	i_se_c	i_sd_c	f_c	f_se_c	f_sd_c	d_c	d_sd_c	d_se_c	lci_c	uci_c	p_c
	confidence interval	19												-0.30
	confidence interval	19												0.10
	confidence interval	19												-0.70
	confidence interval	19												0.20
confidence interval		19	62.6		9.50	60.7			-1.90	4.88		-4.2	0.5	-3.04
		19	23.9		3.50									
		19	29.7		5.00									
	confidence interval	19												-0.30
	confidence interval	19												0.10
	confidence interval	19												-0.70
	confidence interval	19												0.20
confidence interval		19	62.6		9.50	60.7			-1.90	4.88		-4.2	0.5	-3.04
		19	23.9		3.50									
		19	29.7		5.00									
	confidence interval	19												-0.30
	confidence interval	19												0.10
	confidence interval	19												-0.70
	confidence interval	19												0.20
confidence interval		19	62.6		9.50	60.7			-1.90	4.88		-4.2	0.5	-3.04
		19	23.9		3.50									
		19	29.7		5.00									
change score sd (imputed)		25	1.22		0.10	1.23		0.11	0.01	0.02				1.06
change score sd (imputed)		25	0.99		0.09	1.00		0.11	0.00	0.04				0.40
change score sd (imputed)		25	0.82		0.09	0.82		0.11	0.00	0.04				0.37
pre-post sd		25	62.7		2.00	62.7		2.00	0.00	0.89				0.00
pre-post sd		25	23.2		3.20	23.2		3.20	0.00	1.43				0.00
change score sem		25	194		55.00				8.60	22.50	4.5			4.43
change score sem		25	40		6.00				2.40	3.80	0.76			6.00
change score sd (imputed)		32	1.12		0.12	1.12		0.12	0.00	0.04				-0.09
change score sd (imputed)		32	0.93		0.13	0.92		0.11	-0.01	0.03				-0.54
change score sd (imputed)		32	0.79		0.11	0.79		0.10	-0.01	0.03				-0.76
pre-post sd		32	66.5		7.80	66.5		7.80	0.00	3.49				0.00
pre-post sd		32	25.1		2.60	25.1		2.60	0.00	1.16				0.00
pre-post sd		32	1139		340.00	1139		340.00	0.00	152.05				0.00
change score sd (imputed)		22	1.15		0.12	1.16		0.12	0.02	0.02				1.57
change score sd (imputed)		22	0.89		0.11	0.89		0.11	0.00	0.03				-0.11
change score sd (imputed)		22	0.77		0.11	0.77		0.12	0.00	0.03				-0.52
pre-post sd		22	63.8		9.20	63.8		9.20	0.00	4.11				0.00
pre-post sd		22	24.6		2.57	24.6		2.57	0.00	1.15				0.00

Outcome Characteristics

pre-post sd		22	1190		336.00	1190		336.00	0.00	150.26				0.00
change score sem		22	39		6.60				5.80	6.10	1.3			14.87
		44	24.9		2.30									
pre-post sd		44	18.8		5.60	16.8		5.10	-2.00	2.44				-10.64
pre-post sd		44	1.021		0.11	1.014		0.11	-0.01	0.05				-0.69
pre-post sd		44	1.049		0.12	1.042		0.12	-0.01	0.05				-0.67
pre-post sd		44	0.869		0.08	0.866		0.08	0.00	0.04				-0.35
pre-post sd		44	0.826		0.09	0.832		0.09	0.01	0.04				0.73
pre-post sd		52	18.8		5.60	16.8		5.10	-2.00	2.44				-10.64
pre-post sd		52	1.007		0.11	1.002		0.11	0.00	0.05				-0.50
pre-post sd		52	1.033		0.12	1.028		0.12	0.00	0.05				-0.48
pre-post sd		52	0.875		0.08	0.874		0.08	0.00	0.04				-0.11
pre-post sd		52	0.832		0.09	0.834		0.09	0.00	0.04				0.24
		15	24.61		2.32									
change score sem		15	1.18		0.20	1.15			-0.03	0.04	0.01			-2.54
pre-post sd		15	0.955		0.10	0.942		0.15	-0.01	0.07				-1.36
		15												
pre-post sd	change score sem	10	0.706	0.001	0.00	0.695	0.001	0.00	-0.01	0.00				-1.58
pre-post sd	change score sem	10	0.882	0.002	0.01	0.873	0.002	0.01	-0.01	0.00				-0.98
pre-post sd		10	39	8	25.30	38	7	22.14	-1.00	11.05				-2.56
pre-post sd		10	22	7	22.14	23	5	15.81	1.00	10.49				4.55
pre-post sd		10	69	22.14	70.01	69	18.97	59.99	0.00	30.67				0.00
pre-post sd		10	27	18.97	59.99	28	22.14	70.01	1.00	30.67				3.70
pre-post sd		10	31	9.49	30.01	32	18.87	59.67	1.00	35.19				3.23
pre-post sd		9	61.4		5.90	62.8		5.30	1.40	2.57				2.28
pre-post sd		9	21		4.80	22		4.60	1.00	2.11				4.76
change score sd (imputed)		9	21.033		1.50	21.578		1.73	0.54	1.07				2.59
change score sd (imputed)		9	508.89		49.28	517.89		40.62	9.00	49.82				1.77
change score sd (imputed)		9	7		0.93	7.125		0.88	0.13	0.35				1.79
change score sd (imputed)		9	41.889		7.25	42.622		7.02	0.73	2.41				1.75
change score sd (imputed)		9	110.67		21.14	113.44		22.15	2.78	4.74				2.51
change score sd (imputed)		9	0.8539		0.13	0.86011		0.13	0.01	0.01				0.73
change score sd (imputed)		9	0.691		0.08	0.69678		0.08	0.01	0.01				0.84
change score sd (imputed)		9	0.5707		0.07	0.57367		0.07	0.00	0.00				0.53
change score sd (imputed)		9	0.4737		0.07	0.48389		0.07	0.01	0.02				2.15
change score sd (imputed)		9	0.9454		0.08	0.94933		0.08	0.00	0.01				0.41
pre-post sd		9	61.4		5.90	62.8		5.30	1.40	2.57				2.28
pre-post sd		9	21		4.80	22		4.60	1.00	2.11				4.76
change score sd (imputed)		9	21.033		1.50	21.578		1.73	0.54	1.07				2.59
change score sd (imputed)		9	508.89		49.28	517.89		40.62	9.00	49.82				1.77

Outcome Characteristics

change score sd (imputed)		9	7		0.93	7.125		0.88	0.13	0.35				1.79
change score sd (imputed)		9	41.889		7.25	42.622		7.02	0.73	2.41				1.75
change score sd (imputed)		9	110.67		21.14	113.44		22.15	2.78	4.74				2.51
change score sd (imputed)		9	0.8539		0.13	0.86011		0.13	0.01	0.01				0.73
change score sd (imputed)		9	0.691		0.08	0.69678		0.08	0.01	0.01				0.84
change score sd (imputed)		9	0.5707		0.07	0.57367		0.07	0.00	0.00				0.53
change score sd (imputed)		9	0.4737		0.07	0.48389		0.07	0.01	0.02				2.15
change score sd (imputed)		9	0.9454		0.08	0.94933		0.08	0.00	0.01				0.41
change score sd (imputed)		40	1.04		0.20	1.03		0.20	0.00	0.09				-0.48
change score sd (imputed)		40	0.84		0.11	0.85		0.11	0.01	0.05				1.31
change score sd (imputed)		40	0.53		0.11	0.52		0.11	-0.01	0.05				-1.89
		40	67.9		10.60	68.8			0.90	1.90				1.33
		40	25.6		3.50	25.93			0.33					1.29
pre-post sd		40	841		240.00	853		272.00	12.00	118.66				1.43
		12	73.2	4.8	16.63									
		12	26.6	1.2	4.16									
		12	40	2	6.93									
		12	1019	115	398.37									
		12	8.1	2.2	7.62									
pre-post sd	change score sem	12	0.939	0.033	0.11	0.937	0.031	0.11	0.00	0.05				-0.10
pre-post sd	change score sem	12	0.847	0.03	0.10	0.841	0.03	0.10	-0.01	0.05				-0.70
pre-post sd	change score sem	12	0.721	0.025	0.09	0.718	0.026	0.09	0.00	0.04				-0.40
pre-post sd	change score sem	12	0.662	0.022	0.08	0.661	0.023	0.08	0.00	0.04				-0.20
pre-post sd	change score sem	12	0.566	0.023	0.08	0.571	0.025	0.09	0.01	0.04				0.80
pre-post sd	change score sem	12	0.991	0.016	0.06	0.986	0.016	0.06	-0.01	0.02				-0.50
pre-post sd	change score sem	12	31.4	4.6	15.93	29.3	5.1	17.67	-2.10	7.70				-2.00
pre-post sd	change score sem	12	110.6	9.2	31.87	114	8.9	30.83	3.40	14.06				4.00
pre-post sd		22	79.5		9.20	79		8.40	-0.50	4.01				-0.63
pre-post sd		22	31		2.90	30.8		2.90	-0.20	1.30				-0.65
pre-post sd		22	35.4		7.30	35.2		6.90	-0.20	3.20				-0.56
pre-post sd		22	41.1		3.60	40.9		3.90	-0.20	1.70				-0.49
pre-post sd		22	45.9		5.00	46		4.80	0.10	2.20				0.22
pre-post sd		22	1.13		0.06	1.12		0.06	-0.01	0.03				-0.88
pre-post sd		22	1.07		0.14	1.09		0.13	0.02	0.06				1.87
pre-post sd		22	1		0.08	1		0.08	0.00	0.04				0.00
pre-post sd		22	0.92		0.09	0.91		0.09	-0.01	0.04				-1.09
pre-post sd		22	0.84		0.07	0.84		0.06	0.00	0.03				0.00
pre-post sd		22	0.76		0.10	0.8		0.10	0.04	0.04				5.26
pre-post sd		19	67.7		8.50	67.8		8.50	0.10	3.80				0.15
pre-post sd		19	26.1		3.20	26.4		3.40	0.30	1.49				1.15

Outcome Characteristics

pre-post sd		19	38.8		3.30	37.6		3.40	-1.20	1.50				-3.09
pre-post sd		19	0.98		0.10	1		0.10	0.02	0.04				2.00
pre-post sd		19	0.68		0.07	0.69		0.08	0.01	0.03				1.50
pre-post sd		19	0.95		0.15	0.96		0.15	0.01	0.07				1.00
pre-post sd		19	0.78		0.10	0.78		0.10	0.00	0.04				0.00
pre-post sd		19	0.68		0.11	0.7		0.11	0.02	0.05				2.90
pre-post sd		19	0.64		0.10	0.62		0.12	-0.02	0.05				-3.10
pre-post sd		19	284.19		38.98	277.03		51.71	-7.16	23.77				-2.50
pre-post sd		19	238.02		49.24	235.16		41.21	-2.86	21.69				-1.20
pre-post sd		19	1.79		0.26	1.86		0.31	0.07	0.14				3.90
pre-post sd		19	42.89		44.64	61.22		48.78	18.33	21.28				42.70
pre-post sd		19	54.79		2.30	54.58		2.34	-0.21	1.04				-0.40
		31	65.09		15.42									
		31	33.3		5.90									
	change score sd (imputed)	31	1.06		0.12			0.00	-1.06					0.20
	change score sd (imputed)	31	0.84						-0.84					-1.90
	change score sd (imputed)	31	0.69		0.06				-0.69					0.30
change score sd (imputed)	change score sd (imputed)	31	35.4		6.60				-1.80	6.00				-4.00
change score sd (imputed)	change score sd (imputed)	31	51.2		16.00				0.87	5.80				6.00
change score sd (imputed)	change score sd (imputed)	31	36.3		11.40				2.10	4.90				13.90
change score sd (imputed)	change score sd (imputed)	31	75		28.90				4.40	12.10				15.40
change score sd (imputed)	change score sd (imputed)	31	91.8		26.50				0.03	13.00				4.20
		65	68.3		10.80									
		65	25.6		4.00									
		65	38.5		4.40									
		65	38.6		7.20									
change score sd (imputed)		65	0.89		0.11	0.897			0.01	0.03				0.79
change score sd (imputed)		65	0.77		0.10	0.77			0.00	0.03				0.00
change score sd (imputed)		65	1.17		0.13	1.181			0.01	0.03				0.94
change score sd (imputed)		65	1.13		0.07	1.134			0.00	0.01				0.35
		59	67.8		11.40									
		59	25.5		4.00									
		59	38.3		4.10									
		59	38.5		7.30									
change score sd (imputed)		59	0.85		0.10	0.846			0.00	0.04				-0.47
change score sd (imputed)		59	0.72		0.10	0.719			0.00	0.03				-0.14
change score sd (imputed)		59	1.08		0.15	1.074			-0.01	0.03				-0.56
change score sd (imputed)		59	1.09		0.08	1.086			0.00	0.01				-0.37
pre-post sd		5	1.15		0.12	1.08		0.15	-0.07	0.07				-6.09
pre-post sd		5	70.5		10.12	69.3		9.27	-1.20	4.41				-1.70

Outcome Characteristics

pre-post sd		5	42		6.73	45.1		4.96	3.10	3.13				7.38
		5	40.89			38.05			-2.84					-6.95
pre-post sd		5	23		3.65	22.7		1.21	-0.30	2.61				-1.30
pre-post sd		5	1036.9		523.50	1036.9		523.50	0.00	234.12				0.00
pre-post sd		5	1.15		0.12	1.08		0.15	-0.07	0.07				-6.09
pre-post sd		5	70.5		10.12	69.3		9.27	-1.20	4.41				-1.70
pre-post sd		5	42		6.73	45.1		4.96	3.10	3.13				7.38
		5	40.89			38.05			-2.84					-6.95
pre-post sd		5	23		3.65	22.7		1.21	-0.30	2.61				-1.30
pre-post sd		5	1036.9		523.50	1036.9		523.50	0.00	234.12				0.00
		45	1.02		0.12									
	change score sd (imputed)	45	0.86		0.11									0.60
		45	0.91		0.11									
		45	1.19		0.11									
		45	1.03		0.10									
		45	1.05		0.09									
		45	0.59		0.07									
	change score sd (imputed)	45	0.60		0.07									-0.70
pre-post sd		45	62		7.00	62		7.00	0.00	3.13				0.00
pre-post sd		45	22.9		2.30	22.9		2.30	0.00	1.03				0.00
pre-post sd		45	30.4		4.30	30.4		4.30	0.00	1.92				0.00
		45	43.15			43.15			0.00					0.00
change score sd (imputed)		45	37.6		3.30	37.6		3.30	0.00	1.48				0.00
pre-post sd		45	1102		264.00	1102		264.00	0.00	118.06				0.00
other		45	56.3		8.70									
other		45	39.2		7.00									
other		45	137.5		26.50									
other		45	17.2		3.80									
other		45	437		38.00									
other		45	407		36.00									
other		45	6.6		0.60									
		27	0.92		0.16									
		27	0.82		0.12									
		27	0.60		0.10									
		27	0.36		0.06									
		27	65		8.00									
		27	25.1		2.90									
		27	31.4		5.40									
		27	44.59											
pre-post sd		27	925		236.00	925		236.00	0.00	105.54				0.00

Outcome Characteristics

		34	57.8										
		34	42.8										
		34	126										
		34	17.4										
		34	1.74										
		27	0.92		0.16								
		27	0.82		0.12								
		27	0.60		0.10								
		27	0.36		0.06								
		27	65		8.00								
		27	25.1		2.90								
		27	31.4		5.40								
pre-post sd		27	925		236.00	925		236.00	0.00	105.54			0.00
		34	57.8										
		34	42.8										
		34	126										
		34	17.4										
		34	1.74										
	change score sd (imputed)	29	0.85		0.12				-0.85				-0.30
		29	0.68		0.10								
		29	1.01		0.14								
	change score sd (imputed)	29	0.96		0.15				-0.96				0.75
change score sd (imputed)		29			0.00				-0.34	1.45			
change score sd (imputed)		29	23.89		3.08	24		3.20	0.08	0.56			0.33
change score sd (imputed)		29							1.47	2.03			
change score sd (imputed)		29							1.52	3.51			
change score sd (imputed)		29							1.41	5.21			
change score sd (imputed)		29							25.80	50.00			
change score sd (imputed)		29							28.20	50.50			
pre-post sd		29	45.4		5.70	46		6.20	0.60	2.71			1.32
	change score sd (imputed)	29	0.85		0.12				-0.85				-0.30
		29	0.68		0.10								
		29	1.01		0.14								
	change score sd (imputed)	29	0.96		0.15				-0.96				0.75
change score sd (imputed)		29							-0.34	1.45			
change score sd (imputed)		29	23.89		3.08	24		3.20	0.08	0.56			0.33
change score sd (imputed)		29							1.47	2.03			
change score sd (imputed)		29							1.52	3.51			
change score sd (imputed)		29							1.41	5.21			
change score sd (imputed)		29							25.80	50.00			

Outcome Characteristics

change score sd (imputed)		29						28.20	50.50				
pre-post sd		29	45.4		5.70	46		6.20	0.60	2.71			1.32
	change score sd (imputed)	30	0.7		0.10				-0.70				-2.30
		30	0.59		0.08								
		30	0.85		0.12								
	change score sd (imputed)	30	0.75		0.09				-0.75				0.99
change score sd (imputed)		30			0.00			0.00	-0.19	1.55			
change score sd (imputed)		30	24.93		3.02	25.2		3.10	0.29	0.73			1.16
change score sd (imputed)		30							0.51	1.45			
change score sd (imputed)		30							2.26	4.17			
change score sd (imputed)		30							3.07	4.78			
change score sd (imputed)		30							60.60	179.60			
change score sd (imputed)		30							13.50	35.30			
pre-post sd		30	34.7		3.50	35		3.40	0.30	1.55			0.86
	change score sd (imputed)	30	0.7		0.10				-0.70				-2.30
		30	0.59		0.08								
		30	0.85		0.12								
	change score sd (imputed)	30	0.75		0.09				-0.75				0.99
change score sd (imputed)		30							-0.41	1.56			
change score sd (imputed)		30	24.93		3.02	25.2		3.10	0.29	0.73			1.16
change score sd (imputed)		30							0.51	1.45			
change score sd (imputed)		30							2.26	4.17			
change score sd (imputed)		30							3.07	4.78			
change score sd (imputed)		30							60.60	179.60			
change score sd (imputed)		30							13.50	35.30			
pre-post sd		30	34.7		3.50	35		3.40	0.30	1.55			0.86
		20	45.8		4.00								
		20	19.9		2.10								
pre-post sd	change score sd (imputed)	20	0.611		0.05	0.616		0.04	0.01	0.02			0.96
pre-post sd		9	0.78		0.09	0.74		0.13	-0.04	0.06			-5.13
pre-post sd		9	1.15		0.29	1.14		0.32	-0.01	0.14			-0.87
pre-post sd		9	2.24		0.49	2.31		0.34	0.07	0.24			3.12
pre-post sd		9	26.4		2.66	28.15		3.89	1.75	1.89			6.63
pre-post sd		9	84.2		17.70	84.8		16.70	0.60	7.75			0.71
		123	69.5		12.00								
		123	37.4		5.60								
		123	816		356.00								
		123	22.9		4.20								
change score sd (imputed)	confidence interval	112	0.927		0.15	0.93		0.15	0.00	0.03			0.33
change score sd (imputed)	confidence interval	112	0.703		0.11	0.696		0.11	-0.01	0.02			-1.05

[illegible]

Outcome Characteristics

pre-post sd	change score sd (imputed)												
pre-post sd	change score sd (imputed)												
pre-post sd	change score sd (imputed)												
		42	69.3		14.60								
		42	41		8.00								
		42	39		4.90								
	change score sd (imputed)	36	0.94		0.16			-0.94					-0.01
	change score sd (imputed)	36	0.89		0.15			-0.89					-0.57
	change score sd (imputed)	36	0.7		0.10			-0.70					-0.01
	change score sd (imputed)	36	1.05		0.15			-1.05					-1.18
	change score sd (imputed)	36	0.76		0.11			-0.76					-0.11
	change score sd (imputed)	36	0.36		0.06			-0.36					-0.55
	change score sd (imputed)	36	0.53		0.07			-0.53					-0.47
	change score sd (imputed)	36	0.61		0.08			-0.61					0.05
	change score sd (imputed)	36			0.00			0.00					-0.71
		42	69.3		14.60								
		42	41		8.00								
		42	39		4.90								
	change score sd (imputed)	36	0.94		0.16			-0.94					-0.01
	change score sd (imputed)	36	0.89		0.15			-0.89					-0.57
	change score sd (imputed)	36	0.7		0.10			-0.70					-0.01
	change score sd (imputed)	36	1.05		0.15			-1.05					-1.18
	change score sd (imputed)	36	0.76		0.11			-0.76					-0.11
	change score sd (imputed)	36	0.36		0.06			-0.36					-0.55
	change score sd (imputed)	36	0.53		0.07			-0.53					-0.47
	change score sd (imputed)	36	0.61		0.08			-0.61					0.05
		36			0.00			0.00					-0.71
		45	84.1		9.80								
		45	27.7		3.30								
		45	1039		455.00								
		45	1.4		3.00								
pre-post sd	change score sd (imputed)	43	1.206		0.15	1.221		0.15	0.02	0.07			1.18
pre-post sd	change score sd (imputed)	43	0.919		0.08	0.908		0.07	-0.01	0.03			-0.87
pre-post sd	change score sd (imputed)	43	1.004		0.09	1.004		0.08	0.00	0.04			0.23
		44	81.9		10.70								
		44	26.7		2.90								
		44	996		293.00								
		44	0.7		1.00								
pre-post sd	change score sd (imputed)	42	1.238		0.17	1.235		0.17	0.00	0.08			-0.08
pre-post sd	change score sd (imputed)	42	0.933		0.08	0.923		0.08	-0.01	0.04			-0.68

Outcome Characteristics

pre-post sd	change score sd (imputed)	42	1.01		0.12	1.007		0.11	0.00	0.05				0.15
		20	58.2		6.70									
		20	23		3.80									
		20	33.3		11.70									
	confidence interval	20	0.521	0.02	0.09				-0.52					0.30
	confidence interval	20	0.471	0.12	0.54				-0.47					-0.30
	confidence interval	20	1.1	0.02	0.09				-1.10					0.20
	confidence interval	20	0.953	0.01	0.04				-0.95					-0.10
	confidence interval	20	0.852	0.01	0.04				-0.85					-0.90
	confidence interval	20	0.696	0.01	0.04				-0.70					0.80
	confidence interval	20	0.838	0.01	0.04				-0.84					-0.70
	confidence interval	20	0.986	0.02	0.09				-0.99					1.40
	confidence interval	20	32	0.8	3.58				-32.00					1.30
	confidence interval	20	39.4	0.7	3.13				-39.40					-0.20
	confidence interval	20	913	136	608.21				-913.00					-3.10
	confidence interval	20	88	4.3	19.23				-88.00					17.00
		20	58.2		6.70									
		20	23		3.80									
		20	33.3		11.70									
	confidence interval	20	0.521	0.02	0.09				-0.52					0.30
	confidence interval	20	0.471	0.12	0.54				-0.47					-0.30
	confidence interval	20	1.1	0.02	0.09				-1.10					0.20
	confidence interval	20	0.953	0.01	0.04				-0.95					-0.10
	confidence interval	20	0.852	0.01	0.04				-0.85					-0.90
	confidence interval	20	0.696	0.01	0.04				-0.70					0.80
	confidence interval	20	0.838	0.01	0.04				-0.84					-0.70
	confidence interval	20	0.986	0.02	0.09				-0.99					1.40
	confidence interval	20	32	0.8	3.58				-32.00					1.30
	confidence interval	20	39.4	0.7	3.13				-39.40					-0.20
	confidence interval	20	913	136	608.21				-913.00					-3.10
	confidence interval	20	88	4.3	19.23				-88.00					17.00
change score sd (imputed)		32	65.2		12.60	64.2			-1.00	2.00				-1.53
change score sd (imputed)		32	39.7		5.40	40			0.30	1.00				0.76
change score sd (imputed)		32	24.5		8.40	24.1			-0.40	1.40				-1.63
confidence interval		31	0.69		0.12	0.693			0.00	0.02		-0	0.01	0.43
confidence interval		31	0.59		0.10	0.589			0.00	0.02		-0.01	0.006	-0.17
confidence interval		31	0.52		0.09	0.522			0.00	0.04		-0.01	0.015	0.38
confidence interval		30	219.93		47.18	217.15			-2.78	6.40		-5.17	-0.39	-1.26
confidence interval		30	205.46		40.74	203.62			-1.84	6.48		-4.26	0.58	-0.90
confidence interval		30	1067.2		42.39	1062.25			-4.99	15.02		-10.6	0.62	-0.47

confidence interval		30	1361.4		310.47	1339.45			-21.95	58.52		-43.8	-0.1	-1.61
confidence interval		28	161.79		29.15	161.55			-0.24	3.52		-1.6	1.13	-0.15
confidence interval		28	586.41		147.56	589.22			2.81	17.86		-4.11	9.74	0.48
confidence interval		28	287.14		72.66	284.21			-2.93	12.40		-7.74	1.88	-1.02
confidence interval		23	55.66		13.47	54.99			-0.67	3.65		-2.25	0.91	-1.20
confidence interval		23	50.62		10.43	50.16			-0.46	2.97		-1.74	0.83	-0.91
confidence interval		23	1092.1		0.00	1088.56			-3.54	28.76		-16	8.89	-0.32
confidence interval		23			0.00				-1.00	14.13		-7.11	5.11	
confidence interval		28	51.56		15.69	53.41			1.85	9.34		-1.77	5.47	3.59
confidence interval		28	112.13		39.98	119.31			7.18	33.01		-5.62	19.98	6.40
confidence interval		28	481.82		108.02	473.07			-8.75	86.81		-42.4	24.91	-1.82
change score sd (imputed)		32	65.2		12.60	64.2			-1.00	2.00				-1.53
change score sd (imputed)		32	39.7		5.40	40			0.30	1.00				0.76
change score sd (imputed)		32	24.5		8.40	24.1			-0.40	1.40				-1.63
confidence interval		31	0.69		0.12	0.693			0.00	0.02		-0	0.01	0.43
confidence interval		31	0.59		0.10	0.589			0.00	0.02		-0.01	0.006	-0.17
confidence interval		31	0.52		0.09	0.522			0.00	0.04		-0.01	0.015	0.38
confidence interval		30	219.93		47.18	217.15			-2.78	6.40		-5.17	-0.39	-1.26
confidence interval		30	205.46		40.74	203.62			-1.84	6.48		-4.26	0.58	-0.90
confidence interval		30	1067.2		42.39	1062.25			-4.99	15.02		-10.6	0.62	-0.47
confidence interval		30	1361.4		310.47	1339.45			-21.95	58.52		-43.8	-0.1	-1.61
confidence interval		28	161.79		29.15	161.55			-0.24	3.52		-1.6	1.13	-0.15
confidence interval		28	586.41		147.56	589.22			2.81	17.86		-4.11	9.74	0.48
confidence interval		28	287.14		72.66	284.21			-2.93	12.40		-7.74	1.88	-1.02
confidence interval		23	55.66		13.47	54.99			-0.67	3.65		-2.25	0.91	-1.20
confidence interval		23	50.62		10.43	50.16			-0.46	2.97		-1.74	0.83	-0.91
confidence interval		23	1092.1		0.00	1088.56			-3.54	28.76		-16	8.89	-0.32
confidence interval		23			0.00				-1.00	14.13		-7.11	5.11	
confidence interval		28	51.56		15.69	53.41			1.85	9.34		-1.77	5.47	3.59
confidence interval		28	112.13		39.98	119.31			7.18	33.01		-5.62	19.98	6.40
confidence interval		28	481.82		108.02	473.07			-8.75	86.81		-42.4	24.91	-1.82
pre-post sd		34	1.15		0.07	1.14		0.07	-0.01	0.03				-0.96
pre-post sd		34	1.23		0.11	1.22		0.11	-0.01	0.05				-0.49
pre-post sd		34	0.96		0.13	0.93		0.13	-0.02	0.06				-2.30
pre-post sd		34	0.77		0.10	0.76		0.11	0.00	0.05				-0.39
pre-post sd		34	0.90		0.16	0.89		0.17	-0.01	0.07				-0.89
pre-post sd		34	0.71		0.06	0.72		0.06	0.01	0.03				1.27
		34	62.9		10.20									
		34	22.88											
		34	32.2		7.00									

Outcome Characteristics

		34	42.65										
		24	636.9		280.90								
		24	2		1.90								
pre-post sd		24	28.1		3.50	27.3		2.00	-0.80	1.91			-2.85
pre-post sd		24	39.4		5.00	38.2		3.20	-1.20	2.54			-3.05
pre-post sd		24	38.4		4.60	37.8		3.70	-0.60	2.05			-1.56
pre-post sd		24	6		0.80	6.3		1.20	0.30	0.59			5.00
pre-post sd		24	26.9		16.20	22.3		13.60	-4.60	7.13			-17.10
pre-post sd		24	81.3		18.60	79.1		19.30	-2.20	8.50			-2.71
pre-post sd		24	50.6		15.00	49.9		11.10	-0.70	6.96			-1.38
pre-post sd		24	134.4		27.30	129.6		28.60	-4.80	12.56			-3.57
pre-post sd		24	68.6		20.00	66.6		20.20	-2.00	8.99			-2.92
pre-post sd		24	0.678		0.06	0.676		0.07	0.00	0.03			-0.29
pre-post sd		24	0.628		0.04	0.621		0.05	-0.01	0.02			-1.11
pre-post sd		24	0.99		0.09	0.98		0.11	-0.01	0.05			-1.01
pre-post sd		24	0.831		0.07	0.824		0.08	-0.01	0.04			-0.84
		24	636.9		280.90								
		24	2		1.90								
pre-post sd		24	28.1		3.50	27.3		2.00	-0.80	1.91			-2.85
pre-post sd		24	39.4		5.00	38.2		3.20	-1.20	2.54			-3.05
pre-post sd		24	38.4		4.60	37.8		3.70	-0.60	2.05			-1.56
pre-post sd		24	6		0.80	6.3		1.20	0.30	0.59			5.00
pre-post sd		24	26.9		16.20	22.3		13.60	-4.60	7.13			-17.10
pre-post sd		24	81.3		18.60	79.1		19.30	-2.20	8.50			-2.71
pre-post sd		24	50.6		15.00	49.9		11.10	-0.70	6.96			-1.38
pre-post sd		24	134.4		27.30	129.6		28.60	-4.80	12.56			-3.57
pre-post sd		24	68.6		20.00	66.6		20.20	-2.00	8.99			-2.92
pre-post sd		24	0.678		0.06	0.676		0.07	0.00	0.03			-0.29
pre-post sd		24	0.628		0.04	0.621		0.05	-0.01	0.02			-1.11
pre-post sd		24	0.99		0.09	0.98		0.11	-0.01	0.05			-1.01
pre-post sd		24	0.831		0.07	0.824		0.08	-0.01	0.04			-0.84
		30	625.7		265.60								
		30	1.9		2.00								
pre-post sd		30	28.2		3.70	27.7		2.50	-0.50	1.81			-1.77
pre-post sd		30	37.7		4.40	37.9		3.10	0.20	2.10			0.53
pre-post sd		30	40.6		5.30	40.6		4.00	0.00	2.44			0.00
pre-post sd		30	515		68.40	535.5		67.30	20.50	30.36			3.98
pre-post sd		30	24.8		3.90	25.4		1.30	0.60	2.79			2.42
pre-post sd		30	6.3		1.20	5.9		0.90	-0.40	0.55			-6.35
pre-post sd		30	33.5		14.60	31.2		12.30	-2.30	6.42			-6.87

Outcome Characteristics

pre-post sd		30	15.5		3.60	17.7		5.00	2.20	2.36				14.19
pre-post sd		30	81.1		26.00	92		19.40	10.90	12.02				13.44
pre-post sd		30	80.3		19.50	84.6		19.70	4.30	8.77				5.35
pre-post sd		30	50.2		16.10	53		9.50	2.80	8.61				5.58
pre-post sd		30	51.5		14.90	51.1		10.70	-0.40	7.04				-0.78
pre-post sd		30	142.7		42.70	140.7		33.80	-2.00	19.18				-1.40
pre-post sd		30	134.1		31.90	132.9		31.90	-1.20	14.27				-0.89
pre-post sd		30	69.9		21.90	77.8		25.80	7.90	11.32				11.30
pre-post sd		30	71.7		20.60	73.9		19.30	2.20	9.01				3.07
pre-post sd		30	0.678		0.06	0.671		0.05	-0.01	0.03				-1.03
pre-post sd		30	0.625		0.05	0.628		0.03	0.00	0.02				0.48
pre-post sd		30	0.981		0.11	0.977		0.08	0.00	0.05				-0.41
pre-post sd		30	0.822		0.07	0.823		0.06	0.00	0.03				0.12
pre-post sd		30	0.868		0.08	0.863		0.07	-0.01	0.04				-0.58
pre-post sd	change score sd (imputed)	19	1.11		0.18	1.10		0.16	-0.01	0.08				-0.61
pre-post sd		19	72.9		15.50	74.6		18.00	1.70	7.88				2.33
pre-post sd		19	27.74			28.39			0.65					2.34
pre-post sd		19	23.1		4.40	21.2		4.40	-1.90	1.97				-8.23
pre-post sd	change score sd (imputed)	19	1.11		0.18	1.10		0.16	-0.01	0.08				-0.61
pre-post sd		19	72.9		15.50	74.6		18.00	1.70	7.88				2.33
pre-post sd		19	27.74			28.39			0.65					2.34
pre-post sd		19	23.1		4.40	21.2		4.40	-1.90	1.97				-8.23
change score sd (imputed)	change score sd (imputed)	19	0.83		0.11	0.81			-0.02	0.04				-2.50
change score sd (imputed)	change score sd (imputed)	19	0.99		0.15	0.97			-0.02	0.04				-1.80
		19	62.2		8.90									
		19	23.1		2.20									
pre-post sd		19	707		278.00	908		247.00	201.00	121.22				28.43
pre-post sd		19	80.5		12.50	84.8		11.70	4.30	5.47				3.50
pre-post sd		19	24.5		8.20	25.8		8.50	1.30	3.75				14.00
pre-post sd		19	19.4		4.60	22.2		4.90	2.80	2.14				19.20
pre-post sd		19	28.2		6.40	25.8		8.30	-2.40	3.77				-8.60
pre-post sd		19	15.8		3.90	15.3		5.60	-0.50	2.69				-3.20
pre-post sd		19	24.1		8.10	25.8		8.90	1.70	3.88				8.50
pre-post sd		19	7186		1180.00	5393		697.00	-1793.00	630.70				-24.95
		26	68.1		10.50									
		26	26.1		3.90									
pre-post sd		26	0.79	0.02	0.10	0.78	0.02	0.10	-0.01	0.05				-1.27
pre-post sd		26	0.92	0.02	0.10	0.92	0.02	0.10	0.00	0.05				0.00
pre-post sd		26	1.03	0.02	0.10	1.04	0.02	0.10	0.01	0.05				0.97
	change score sd (imputed)	35	880.00		116.00	878.01			-1.99					-0.23

Outcome Characteristics

	change score sd (imputed)	35	841.00		101.00	841.50		0.50				0.06
	change score sd (imputed)	35	667.00		90.00	657.99		-9.01				-1.35
	change score sd (imputed)	35	634.00		77.00	637.17		3.17				0.50
	change score sd (imputed)	35	982.00		122.00	983.67		1.67				0.17
	change score sd (imputed)	35	701.00		92.00	699.74		-1.26				-0.18
	change score sd (imputed)	35	653.00		92.00	643.07		-9.93				-1.52
	change score sd (imputed)	35	636.00		107.00	646.49		10.49				-1.65
pre-post sd		18	61.7		12.90	60.7	13.20	-1.00	5.84			-1.62
pre-post sd		18	0.78		0.09	0.73	0.10	-0.05	0.04			-6.41
pre-post sd		18	0.63		0.10	0.59	0.12	-0.04	0.05			-6.35
pre-post sd		18	0.69		0.12	0.67	0.11	-0.02	0.05			-2.90
pre-post sd		18	1.01		0.17	1.01	0.17	0.00	0.08			0.00
pre-post sd		18	24.3		4.20	24.4	3.80	0.10	1.83			0.41
pre-post sd		18	13.6		2.20	13.8	2.60	0.20	1.14			1.47
pre-post sd		18	98.6		9.50	99.2	8.60	0.60	4.14			0.61
pre-post sd		18	4.2		1.00	4.1	0.90	-0.10	0.44			-2.38
pre-post sd		18	23		4.80	22	4.40	-1.00	2.09			-4.35
pre-post sd		18	28.5		4.20	28	4.00	-0.50	1.84			-1.75
		27	37.3		4.70							
change score sd (imputed)		27	16.3		3.80	15.4		-0.90	1.50			-5.52
change score sd (imputed)		27	101		16.30	100.9		-0.10	3.50			-0.10
change score sd (imputed)		27	57.3		11.50	56.5		-0.80	2.50			-1.40
change score sd (imputed)		27	43.8		9.90	45		1.20	5.10			2.74
change score sd (imputed)		27	0.962		0.13	0.955		-0.01	0.02			-0.73
change score sd (imputed)		27	505		143.00	499		-6.00	101.00			-1.19
change score sd (imputed)		27	11.6		3.30	11.6	60.28	0.00	1.00			0.00
change score sd (imputed)		27	10.7		10.60	8.4		-2.30	9.40			-21.50
change score sd (imputed)		27	1.207		0.18	1.208		0.00	0.04			0.08
change score sd (imputed)		27	1.096		0.15	1.099		0.00	0.03			0.27
		47	70		14.00							
		47	15		3.00							
pre-post sd		47	0.79		0.17	0.75	0.15	-0.04	0.07			-5.06
pre-post sd		47	0.59		0.14	0.58	0.12	-0.01	0.06			-1.69
pre-post sd		47	0.66		0.13	0.63	0.11	-0.03	0.06			-4.55
pre-post sd		47	1.01		0.24	0.97	0.23	-0.04	0.11			-3.96
pre-post sd		47	1.08		0.16	1.03	0.17	-0.05	0.07			-4.63
pre-post sd		47	783		223.00	1254	330.00	471.00	161.76			60.15
pre-post sd		47	130		86.00	610	111.00	480.00	50.34			369.23
change score sem		76	88	2	17.44	85.20		-2.80	10.46	1.2		-3.18
change score sem		76	290	6.3	54.92	299.30		9.30	63.64	7.3		3.21

Outcome Characteristics

change score sem		76	81.4	1.2	10.46	82.70			1.30	5.23	0.6			1.60
change score sem		76	34.3	0.8	6.97	34.80			0.50	4.36	0.5			1.46
change score sem		76	42.3	0.6	5.23	43.20			0.90	1.74	0.2			2.13
pre-post sd		76	0.87	0.01	0.09	0.87	0.01	0.09	0.00	0.04				0.00
pre-post sd		76	1.09	0.01	0.09	1.09	0.01	0.09	0.00	0.04				0.00
pre-post sd		76	1.1	0.01	0.09	1.1	0.01	0.09	0.00	0.04				0.00
pre-post sd		76	1.3	0.02	0.17	1.29	0.02	0.17	-0.01	0.08				-0.77
		39												
change score sem		27												
		27												
	change score sem	27	1.27		0.13				-1.27					2.22
	change score sem	27	0.7		0.06				-0.70					0.80
	change score sem	27	1.03		0.13				-1.03					0.21
	change score sem	27	0.8		0.12				-0.80					0.69
	change score sem	27	1		0.13				-1.00					-0.80
		27	64.95		9.79									
		27	1020		479.91									
		16	63.4		13.60									
change score sd (imputed)		10	1.004		0.14	0.986		0.14	-0.02	0.04				-1.89
change score sd (imputed)		10	0.755		0.06	0.745		0.07	-0.01	0.04				-1.46
pre-post sd		33	51.4		7.10	51		7.30	-0.40	3.23				-0.78
pre-post sd		33	20.9		2.20	20.8		2.30	-0.10	1.01				-0.48
pre-post sd		33	671.5		190.90	625.4		190.00	-46.10	85.18				-6.87
pre-post sd	change score sd (imputed)	33	9.2		5.90	7		3.90	-2.20	2.93				-23.91
pre-post sd	change score sd (imputed)	33	1.002		0.10	0.994		0.09	-0.01	0.04				-0.74
pre-post sd	change score sd (imputed)	33	36.9		3.70	37.2		3.90	0.30	1.71				0.77
pre-post sd	change score sd (imputed)	33	15.1		4.50	15		4.50	-0.10	2.01				0.17
pre-post sd	change score sd (imputed)	33	0.907		0.13	0.904		0.13	0.00	0.06				-0.27
pre-post sd	change score sd (imputed)	33	0.787		0.13	0.781		0.12	-0.01	0.06				-0.66
pre-post sd	change score sd (imputed)	33	0.676		0.11	0.672		0.10	0.00	0.05				-0.25
pre-post sd	change score sd (imputed)	33	0.599		0.12	0.594		0.12	-0.01	0.05				-0.69
change score sd (imputed)		9	89.635		14.70	90.99569		12.66	1.36	5.85				1.52
change score sd (imputed)		9	29		5.10	29.5		4.30	0.50	2.10				1.72
change score sd (imputed)		9	1.2296		0.22	1.2396		0.29	0.01	0.08				0.81
change score sd (imputed)		9	1.0622		0.17	1.0722		0.15	0.01	0.05				0.94
change score sd (imputed)		9	0.9273		0.33	1.0148		0.12	0.09	0.25				9.43

Outcome Characteristics

p_sd_c	p_se_c	p_lci_c	p_uci_c	met_sd_c	p_met_sd_c	sd_pooled	te	te_se	te_var	te_lci	te_uci	p_sd_pooled
1.76		-1.20	0.50		confidence interval							1.82
2.90		-1.30	1.50		confidence interval							2.99
2.18		-1.70	0.40		confidence interval							2.17
2.90		-1.20	1.60		confidence interval							2.99
				confidence interval		4.16	1.40	1.41	1.99			
1.76		-1.20	0.50		confidence interval							1.79
2.90		-1.30	1.50		confidence interval							2.93
2.18		-1.70	0.40		confidence interval							2.10
2.90		-1.20	1.60		confidence interval							2.90
				confidence interval		4.48	1.50	1.61	2.60			
1.76		-1.20	0.50		confidence interval							1.82
2.90		-1.30	1.50		confidence interval							2.95
2.18		-1.70	0.40		confidence interval							2.13
2.90		-1.20	1.60		confidence interval							2.95
				confidence interval		4.23	1.50	1.43	2.06			
				change score sd (imputed)		0.02	0.00	0.00	0.00			
				change score sd (imputed)		0.03	0.02	0.01	0.00			
				change score sd (imputed)		0.04	0.02	0.01	0.00			
				pre-post sd		2.68	0.00	0.73	0.53			
				pre-post sd		1.27	0.00	0.34	0.12			
				change score sem		22.18	4.30	6.01	36.07			
				change score sem		3.82	1.30	1.03	1.07			
				change score sd (imputed)		0.03	0.00	0.01	0.00			
				change score sd (imputed)		0.03	-0.01	0.01	0.00			
				change score sd (imputed)		0.02	0.00	0.01	0.00			
				pre-post sd		3.36	0.00	0.78	0.60			
				pre-post sd		1.16	0.00	0.27	0.07			
				pre-post sd		129.06	0.00	29.84	890.68			
				change score sd (imputed)		0.03	0.00	0.01	0.00			
				change score sd (imputed)		0.03	0.00	0.01	0.00			
				change score sd (imputed)		0.03	0.00	0.01	0.00			
				pre-post sd		3.32	0.00	0.98	0.96			
				pre-post sd		1.02	0.00	0.30	0.09			

Outcome Characteristics

				pre-post sd		147.48	0.00	43.53	1894.99			
				change score sem		5.98	4.00	1.77	3.12			
				pre-post sd		2.24	-2.60	0.47	0.22			
				pre-post sd		0.04	0.00	0.01	0.00			
				pre-post sd		0.04	0.01	0.01	0.00			
				pre-post sd		0.03	0.01	0.01	0.00			
				pre-post sd		0.04	-0.01	0.01	0.00			
				pre-post sd		2.24	-2.60	0.43	0.18			
				pre-post sd		0.04	0.00	0.01	0.00			
				pre-post sd		0.05	0.00	0.01	0.00			
				pre-post sd		0.03	0.00	0.01	0.00			
				pre-post sd		0.04	0.00	0.01	0.00			
				change score sem		0.04	0.02	0.01	0.00			
				pre-post sd		0.06	0.00	0.02	0.00			
0.63	0.20			pre-post sd	change score sem	0.00	0.01	0.00	0.00			0.42
0.35	0.11			pre-post sd	change score sem	0.00	0.01	0.00	0.00			0.35
				pre-post sd		16.61	25.00	6.78	46.00			
				pre-post sd		11.35	16.00	4.63	21.48			
				pre-post sd		45.76	-5.00	18.68	349.00			
				pre-post sd		32.44	-4.00	13.24	175.40			
				pre-post sd		34.19	-5.00	13.96	194.80			
				pre-post sd		2.60	-1.80	1.23	1.50			
				pre-post sd		1.79	-2.20	0.84	0.71			
				change score sd (imputed)		1.39	4.41	0.65	0.43			
				change score sd (imputed)		46.31	100.11	21.83	476.68			
				change score sd (imputed)		0.45	1.93	0.21	0.04			
				change score sd (imputed)		4.05	17.82	1.91	3.64			
				change score sd (imputed)		8.59	35.00	4.05	16.40			
				change score sd (imputed)		0.01	-0.01	0.01	0.00			
				change score sd (imputed)		0.02	0.00	0.01	0.00			
				change score sd (imputed)		0.01	0.00	0.01	0.00			
				change score sd (imputed)		0.03	0.01	0.02	0.00			
				change score sd (imputed)		0.03	0.00	0.01	0.00			
				pre-post sd		3.31	-2.60	1.52	2.31			
				pre-post sd		2.34	-1.90	1.07	1.15			
				change score sd (imputed)		2.18	3.59	1.00	1.01			
				change score sd (imputed)		50.29	84.67	23.11	533.86			

Outcome Characteristics

				change score sd (imputed)		0.54	1.60	0.25	0.06			
				change score sd (imputed)		4.93	17.98	2.26	5.13			
				change score sd (imputed)		9.67	19.78	4.44	19.75			
				change score sd (imputed)		0.02	-0.02	0.01	0.00			
				change score sd (imputed)		0.02	-0.01	0.01	0.00			
				change score sd (imputed)		0.01	0.00	0.01	0.00			
				change score sd (imputed)		0.02	-0.01	0.01	0.00			
				change score sd (imputed)		0.02	0.01	0.01	0.00			
				pre-post sd		0.07	0.01	0.01	0.00			
				pre-post sd		0.05	0.00	0.01	0.00			
				pre-post sd		0.04	0.01	0.01	0.00			
				change score sd (imputed)		1.36	-1.00	0.31	0.10			
						0.00	-0.34					
				pre-post sd		109.14	16.00	24.72	611.26			
3.12	0.90			pre-post sd	change score sem	0.05	-0.01	0.02	0.00			3.14
2.77	0.80			pre-post sd	change score sem	0.04	0.00	0.02	0.00			2.54
2.77	0.80			pre-post sd	change score sem	0.04	0.00	0.02	0.00			2.81
3.46	1.00			pre-post sd	change score sem	0.04	0.00	0.02	0.00			3.47
2.46	0.71			pre-post sd	change score sem	0.04	-0.01	0.02	0.00			3.13
1.39	0.40			pre-post sd	change score sem	0.03	0.01	0.01	0.00			1.33
31.87	9.20			pre-post sd	change score sem	7.93	18.90	3.39	11.52			50.43
10.39	3.00			pre-post sd	change score sem	15.17	29.20	6.50	42.20			13.11
				pre-post sd		4.81	-0.30	1.53	2.34			
				pre-post sd		1.58	-0.10	0.50	0.25			
				pre-post sd		3.59	-0.80	1.14	1.30			
				pre-post sd		1.94	0.70	0.62	0.38			
				pre-post sd		2.38	-1.50	0.76	0.57			
				pre-post sd		0.04	0.01	0.01	0.00			
				pre-post sd		0.07	-0.03	0.02	0.00			
				pre-post sd		0.05	0.00	0.01	0.00			
				pre-post sd		0.04	0.02	0.01	0.00			
				pre-post sd		0.05	0.00	0.01	0.00			
				pre-post sd		0.06	-0.07	0.02	0.00			
				pre-post sd		3.96	0.10	1.26	1.58			
				pre-post sd		1.35	0.00	0.43	0.18			

Outcome Characteristics

				pre-post sd		1.56	-0.20	0.50	0.25			
				pre-post sd		0.04	0.00	0.01	0.00			3.38
				pre-post sd		0.03	0.00	0.01	0.00			4.51
				pre-post sd		0.08	0.02	0.03	0.00			2.09
				pre-post sd		0.04	0.00	0.01	0.00			4.19
				pre-post sd		0.04	0.02	0.01	0.00			6.28
				pre-post sd		0.05	0.05	0.02	0.00			7.25
				pre-post sd		21.13	26.60	6.69	44.76			19.34
				pre-post sd		20.94	16.23	6.63	43.96			14.34
				pre-post sd		0.16	0.21	0.05	0.00			8.54
				pre-post sd		21.17	4.47	6.70	44.94			244.77
				pre-post sd		0.87	0.40	0.28	0.08			3.38
2.50					change score sd (imputed)	0.00	-0.02					2.66
5.70					change score sd (imputed)	0.00	-0.04					4.41
3.10					change score sd (imputed)	0.00	-0.03					4.86
17.00				change score sd (imputed)	change score sd (imputed)	5.61	4.10	1.41	2.00			16.35
24.40				change score sd (imputed)	change score sd (imputed)	6.11	3.93	1.54	2.37			24.91
26.50				change score sd (imputed)	change score sd (imputed)	4.80	2.50	1.21	1.46			25.12
50.90				change score sd (imputed)	change score sd (imputed)	12.51	7.30	3.15	9.94			42.21
29.50				change score sd (imputed)	change score sd (imputed)	12.45	3.77	3.14	9.85			25.75
				change score sd (imputed)		0.03	0.01	0.00	0.00			
				change score sd (imputed)		0.03	0.01	0.00	0.00			
				change score sd (imputed)		0.03	0.00	0.00	0.00			
				change score sd (imputed)		0.01	0.00	0.00	0.00			
				change score sd (imputed)		0.04	0.01	0.01	0.00			
				change score sd (imputed)		0.03	0.01	0.00	0.00			
				change score sd (imputed)		0.03	0.01	0.00	0.00			
				change score sd (imputed)		0.01	0.00	0.00	0.00			
				pre-post sd		0.06	0.07	0.04	0.00			
				pre-post sd		5.26	1.30	3.32	11.05			

[illegible]

Outcome Characteristics

						4.50	-0.30	1.17	1.38	-2.7	2	
						4.31	-0.20	1.12	1.26	-2	2	
						6.66	-0.30	1.73	3.01	-3.6	3.1	
						1.76	0.10	0.46	0.21	-0.9	1	
						0.10	0.03	0.03	0.00	-0.01	0.08	
							-6.00					
							-1.40					
							-1.90					
					pre-post sd	106.99	0.00	30.36	921.62			
						4.54	0.10	1.22	1.50	-2.4	2.5	
						4.35	-1.00	1.17	1.38	-3.3	1.3	
						6.80	-2.60	1.84	3.37	-6.2	1	
						1.89	-0.90	0.51	0.26	-1.9	0.1	
						0.09	0.06	0.03	0.00	0.01	0.11	
1.80					change score sd (imputed)	0.00	-0.01					2.18
1.80					change score sd (imputed)	0.00	0.01					2.07
					change score sd (imputed)	1.64	-0.45	0.43	0.18			
					change score sd (imputed)	0.64	-0.21	0.17	0.03			
					change score sd (imputed)	1.72	-0.16	0.45	0.20			
					change score sd (imputed)	4.04	0.03	1.05	1.11			
					change score sd (imputed)	4.43	0.52	1.15	1.33			
					change score sd (imputed)	47.57	3.90	12.39	153.46			
					change score sd (imputed)	47.73	-2.90	12.43	154.52			
					pre-post sd	2.54	-0.50	0.66	0.44			
1.80					change score sd (imputed)	0.00	-0.04					1.57
1.80					change score sd (imputed)	0.00	-0.03					2.01
					change score sd (imputed)	1.53	-0.12	0.40	0.16			
					change score sd (imputed)	0.58	-0.16	0.15	0.02			
					change score sd (imputed)	1.69	-0.47	0.44	0.20			
					change score sd (imputed)	3.87	0.32	1.02	1.03			
					change score sd (imputed)	4.97	1.87	1.30	1.70			
					change score sd (imputed)	47.57	7.10	12.49	156.03			

Outcome Characteristics

				change score sd (imputed)		54.59	-6.20	14.34	205.55			
				pre-post sd		2.72	-0.70	0.71	0.51			
2.40					change score sd (imputed)	0.00	0.03					2.45
2.70					change score sd (imputed)	0.00	0.07					2.52
					change score sd (imputed)	1.67	0.51	0.44	0.19			
					change score sd (imputed)	0.75	0.35	0.20	0.04			
					change score sd (imputed)	1.41	0.38	0.37	0.14			
					change score sd (imputed)	4.74	0.97	1.24	1.55			
					change score sd (imputed)	4.44	-1.18	1.17	1.36			
					change score sd (imputed)	155.34	2.00	40.82	1666.08			
					change score sd (imputed)	31.16	-9.93	8.19	67.06			
					pre-post sd	2.01	0.10	0.53	0.28			
2.40					change score sd (imputed)	0.00	0.02					3.61
2.70					change score sd (imputed)	0.00	0.06					2.65
					change score sd (imputed)	1.65	0.32	0.43	0.18			
					change score sd (imputed)	0.77	-0.06	0.20	0.04			
					change score sd (imputed)	1.62	0.14	0.42	0.17			
					change score sd (imputed)	4.42	-1.42	1.14	1.30			
					change score sd (imputed)	5.16	1.06	1.33	1.78			
					change score sd (imputed)	189.08	-11.10	48.82	2383.33			
					change score sd (imputed)	36.78	-3.40	9.50	90.18			
					pre-post sd	2.03	0.00	0.52	0.27			
3.39					pre-post sd	0.03	0.02	0.01	0.00			3.14
					pre-post sd	0.05	0.11	0.02	0.00			
					pre-post sd	0.10	0.12	0.05	0.00			
					pre-post sd	0.27	-0.73	0.13	0.02			
					pre-post sd	2.43	3.62	1.14	1.31			
					pre-post sd	6.21	-4.80	2.93	8.57			
3.07		-0.24	0.91	change score sd (imputed)	confidence interval	0.03	0.01	0.00	0.00	0.006	0.021	2.92
3.47		-1.70	-0.40	change score sd (imputed)	confidence interval	0.02	0.02	0.00	0.00	0.008	0.021	3.47

Outcome Characteristics

1.98					change score sd (imputed)	0.00	0.04					2.04
1.97					change score sd (imputed)	0.00	0.03					1.89
2.74					change score sd (imputed)	0.00	0.03					2.59
2.57					change score sd (imputed)	0.00	0.04					2.39
2.60					change score sd (imputed)	0.00	0.04					2.69
3.03					change score sd (imputed)	0.00	0.00					2.93
2.24					change score sd (imputed)	0.00	0.00					2.24
2.42					change score sd (imputed)	0.00	-0.01					2.51
1.69					change score sd (imputed)	0.00	0.00					1.57
1.98					change score sd (imputed)	0.00	0.03					1.92
1.97					change score sd (imputed)	0.00	0.05					1.90
2.74					change score sd (imputed)	0.00	0.05					2.68
2.57					change score sd (imputed)	0.00	0.05					2.53
2.60					change score sd (imputed)	0.00	0.04					2.44
3.03					change score sd (imputed)	0.00	0.00					3.10
2.24					change score sd (imputed)	0.00	0.00					2.07
2.42					change score sd (imputed)	0.00	-0.01					2.46
1.69					change score sd (imputed)	0.00	0.00					1.71
2.83				pre-post sd	change score sd (imputed)	0.07	-0.01	0.02	0.00			2.82
2.13				pre-post sd	change score sd (imputed)	0.03	0.02	0.01	0.00			2.22
1.67				pre-post sd	change score sd (imputed)	0.04	0.00	0.01	0.00			1.96
2.30				pre-post sd	change score sd (imputed)	0.07	0.02	0.02	0.00			2.49
2.31				pre-post sd	change score sd (imputed)	0.04	0.02	0.01	0.00			2.30

Outcome Characteristics

1.92				pre-post sd	change score sd (imputed)	0.05	0.01	0.01	0.00			1.97
4.06	-1.60	2.20			confidence interval	0.00	-0.01					3.95
5.45	-2.80	2.30			confidence interval	0.00	0.02					5.11
2.03	-0.70	1.20			confidence interval	0.00	0.00					2.05
2.35	-1.20	1.00			confidence interval	0.00	0.03					2.47
2.35	-2.00	0.20			confidence interval	0.00	0.01					2.77
3.21	-0.70	2.30			confidence interval	0.00	0.01					3.73
4.38	-2.80	1.30			confidence interval	0.00	-0.01					4.85
2.99	-0.20	2.60			confidence interval	0.00	-0.01					2.67
10.68	-3.70	6.30			confidence interval	0.00	2.00					10.63
2.78	-1.50	1.10			confidence interval	0.00	0.20					3.43
584.38	-277.00	270.00			confidence interval	0.00	36.00					501.68
29.91	2.70	30.70			confidence interval	0.00	8.00					29.30
4.06	-1.60	2.20			confidence interval	0.00	-0.01					4.13
5.45	-2.80	2.30			confidence interval	0.00	-0.01					5.66
2.03	-0.70	1.20			confidence interval	0.00	-0.01					2.10
2.35	-1.20	1.00			confidence interval	0.00	0.01					2.43
2.35	-2.00	0.20			confidence interval	0.00	-0.01					3.85
3.21	-0.70	2.30			confidence interval	0.00	-0.01					3.08
4.38	-2.80	1.30			confidence interval	0.00	0.01					4.97
2.99	-0.20	2.60			confidence interval	0.00	-0.03					2.76
10.68	-3.70	6.30			confidence interval	0.00	1.00					10.94
2.78	-1.50	1.10			confidence interval	0.00	0.70					3.15
584.38	-277.00	270.00			confidence interval	0.00	149.00					527.02
29.91	2.70	30.70			confidence interval	0.00	-1.00					29.72
				change score sd (imputed)		2.91	-0.20	0.73	0.53			
				change score sd (imputed)		1.05	0.10	0.26	0.07			
				change score sd (imputed)		1.35	0.30	0.34	0.11			
				confidence interval		0.02	0.00	0.01	0.00			
				confidence interval		0.02	0.00	0.00	0.00			
				confidence interval		0.04	0.01	0.01	0.00			
				confidence interval		6.42	1.70	1.63	2.66			
				confidence interval		4.97	0.79	1.26	1.60			
				confidence interval		15.05	4.93	3.82	14.63			

Outcome Characteristics

				confidence interval		58.61	8.28	14.89	221.82			
				confidence interval		3.53	-0.21	0.92	0.84			
				confidence interval		17.89	-1.21	4.67	21.76			
				confidence interval		12.42	0.69	3.24	10.48			
				confidence interval		3.66	1.67	1.10	1.22			
				confidence interval		2.97	0.91	0.90	0.81			
				confidence interval		28.78	18.93	8.69	75.47			
				confidence interval		14.14	5.95	4.27	18.22			
				confidence interval		9.23	-0.86	2.49	6.20			
				confidence interval		32.86	-4.14	8.86	78.57			
				confidence interval		70.53	6.00	19.02	361.91			
				change score sd (imputed)		2.05	0.00	0.51	0.26			
				change score sd (imputed)		1.00	0.00	0.25	0.06			
				change score sd (imputed)		1.45	-0.10	0.36	0.13			
				confidence interval		0.02	0.00	0.00	0.00			
				confidence interval		0.02	0.01	0.00	0.00			
				confidence interval		0.04	0.01	0.01	0.00			
				confidence interval		6.37	1.56	1.61	2.58			
				confidence interval		6.45	-0.34	1.63	2.64			
				confidence interval		14.95	10.31	3.77	14.22			
				confidence interval		58.24	13.58	14.69	215.82			
				confidence interval		3.50	-0.73	0.91	0.82			
				confidence interval		17.74	-6.57	4.59	21.08			
				confidence interval		12.33	3.09	3.19	10.18			
				confidence interval		3.65	-0.04	1.00	1.01			
				confidence interval		2.97	0.05	0.82	0.67			
				confidence interval		28.71	-1.01	7.90	62.44			
				confidence interval		14.11	0.40	3.88	15.08			
				confidence interval		9.33	-5.17	2.41	5.83			
				confidence interval		32.97	-13.54	8.53	72.80			
				confidence interval		86.69	12.37	22.43	503.27			
				pre-post sd		0.03	0.00	0.01	0.00			
				pre-post sd		0.06	0.02	0.02	0.00			
				pre-post sd		0.06	0.01	0.02	0.00			
				pre-post sd		0.05	0.01	0.01	0.00			
				pre-post sd		0.07	0.02	0.02	0.00			
				pre-post sd		0.03	0.00	0.01	0.00			
							4.50					
							1.43					
							4.80					

Outcome Characteristics

							0.25					
				pre-post sd		1.96	0.20	0.57	0.33			
				pre-post sd		3.24	4.00	0.95	0.90			
				pre-post sd		2.26	-3.00	0.66	0.44			
				pre-post sd		0.46	-0.90	0.14	0.02			
				pre-post sd		6.52	10.00	1.90	3.63			
				pre-post sd		7.81	16.50	2.28	5.19			
				pre-post sd		7.56	11.80	2.21	4.86			
				pre-post sd		13.12	22.50	3.83	14.66			
				pre-post sd		9.90	21.80	2.89	8.34			
				pre-post sd		0.03	-0.01	0.01	0.00			
				pre-post sd		0.04	0.03	0.01	0.00			
				pre-post sd		0.06	0.02	0.02	0.00			
				pre-post sd		0.05	0.02	0.01	0.00			
				pre-post sd		1.79	0.80	0.52	0.27			
				pre-post sd		2.43	1.10	0.70	0.49			
				pre-post sd		2.02	-0.20	0.58	0.34			
				pre-post sd		0.52	-1.10	0.15	0.02			
				pre-post sd		7.36	8.70	2.12	4.51			
				pre-post sd		9.77	-1.10	2.82	7.95			
				pre-post sd		6.31	5.20	1.82	3.32			
				pre-post sd		14.71	-0.40	4.25	18.02			
				pre-post sd		8.78	7.30	2.54	6.43			
				pre-post sd		0.04	0.01	0.01	0.00			
				pre-post sd		0.03	0.01	0.01	0.00			
				pre-post sd		0.06	0.01	0.02	0.00			
				pre-post sd		0.05	0.01	0.01	0.00			
				pre-post sd		1.72	0.50	0.44	0.20			
				pre-post sd		1.77	-2.30	0.46	0.21			
				pre-post sd		2.49	1.30	0.64	0.41			
				pre-post sd		29.89	-10.30	7.72	59.56			
				pre-post sd		2.39	1.70	0.62	0.38			
				pre-post sd		0.57	-0.40	0.15	0.02			
				pre-post sd		6.43	8.20	1.66	2.76			

Outcome Characteristics

				pre-post sd		2.15	0.30	0.56	0.31			
				pre-post sd		10.66	-2.90	2.75	7.57			
				pre-post sd		10.07	-2.10	2.60	6.76			
				pre-post sd		7.88	1.20	2.03	4.14			
				pre-post sd		6.71	7.30	1.73	3.00			
				pre-post sd		17.50	6.30	4.52	20.42			
				pre-post sd		15.17	10.20	3.92	15.35			
				pre-post sd		10.16	-1.70	2.62	6.89			
				pre-post sd		8.98	4.80	2.32	5.38			
				pre-post sd		0.03	0.03	0.01	0.00			
				pre-post sd		0.03	0.00	0.01	0.00			
				pre-post sd		0.06	0.01	0.02	0.00			
				pre-post sd		0.04	0.00	0.01	0.00			
				pre-post sd		0.04	0.02	0.01	0.00			
3.40				pre-post sd	change score sd (imputed)	0.07	0.00	0.02	0.00			3.52
				pre-post sd		6.59	-2.10	2.11	4.46			
							-0.81					
				pre-post sd		1.94	3.70	0.62	0.39			
3.40				pre-post sd	change score sd (imputed)	0.08	0.02	0.03	0.00			3.95
				pre-post sd		6.79	-2.80	2.30	5.31			
							-1.09					
				pre-post sd		2.07	3.80	0.70	0.49			
3.80				change score sd (imputed)	change score sd (imputed)	0.04	0.03	0.01	0.00			4.17
3.50				change score sd (imputed)	change score sd (imputed)	0.03	0.03	0.01	0.00			3.55
							-2.50					
							-1.30					
				pre-post sd		145.39	6.00	46.58	2169.50			
				pre-post sd		7.42	22.60	2.38	5.65			
				pre-post sd		4.74	14.40	1.52	2.31			
				pre-post sd		2.21	11.10	0.71	0.50			
				pre-post sd		3.54	12.60	1.14	1.29			
				pre-post sd		2.49	6.60	0.80	0.64			
				pre-post sd		3.26	-5.90	1.04	1.09			
				pre-post sd		560.97	3641.00	179.71	32297.11			
				pre-post sd		0.04	0.01	0.01	0.00			
				pre-post sd		0.04	0.01	0.01	0.00			
				pre-post sd		0.04	0.00	0.01	0.00			
1.26					change score sd (imputed)	0.00	4.72					1.34

Outcome Characteristics

0.96					change score sd (imputed)	0.00	2.26					1.40
1.30					change score sd (imputed)	0.00	1.59					1.75
1.37					change score sd (imputed)	0.00	1.92					1.86
1.24					change score sd (imputed)	0.00	0.63					1.52
1.21					change score sd (imputed)	0.00	3.20					1.58
1.55					change score sd (imputed)	0.00	2.24					1.97
1.34					change score sd (imputed)	0.00	-17.03					1.83
					pre-post sd	5.60	1.10	1.82	3.31			
					pre-post sd	0.05	0.06	0.02	0.00			
					pre-post sd	0.06	0.05	0.02	0.00			
					pre-post sd	0.05	0.03	0.02	0.00			
					pre-post sd	0.08	0.03	0.03	0.00			
					pre-post sd	1.75	2.00	0.57	0.32			
					pre-post sd	1.19	3.70	0.39	0.15			
					pre-post sd	4.31	18.40	1.40	1.96			
					pre-post sd	0.41	2.40	0.13	0.02			
					pre-post sd	2.01	12.00	0.65	0.43			
					pre-post sd	1.98	4.50	0.64	0.41			
					change score sd (imputed)	1.28	2.30	0.35	0.12			
					change score sd (imputed)	3.55	-0.40	0.98	0.95			
					change score sd (imputed)	2.11	2.10	0.58	0.34			
					change score sd (imputed)	3.88	-3.00	1.07	1.13			
					change score sd (imputed)	0.02	0.02	0.00	0.00			
					change score sd (imputed)	136.78	180.00	37.58	1412.45			
					change score sd (imputed)	1.21	-1.50	0.33	0.11			
					change score sd (imputed)	7.88	5.70	2.17	4.69			
					change score sd (imputed)	0.03	0.01	0.01	0.00			
					change score sd (imputed)	0.03	0.01	0.01	0.00			
					pre-post sd	0.08	0.05	0.02	0.00			
					pre-post sd	0.07	0.01	0.01	0.00			
					pre-post sd	0.07	0.03	0.01	0.00			
					pre-post sd	0.12	0.03	0.02	0.00			
					pre-post sd	0.08	0.05	0.01	0.00			
					pre-post sd	149.80	23.00	28.68	822.67			
					pre-post sd	52.20	-14.00	10.00	99.90			
					change score sem	11.17	7.00	1.84	3.38			
					change score sem	62.82	19.20	10.33	106.74			

Outcome Characteristics

				change score sem		5.59	0.00	0.92	0.84			
				change score sem		4.73	-1.10	0.78	0.60			
				change score sem		2.17	0.80	0.36	0.13			
				pre-post sd		0.04	0.01	0.01	0.00			
				pre-post sd		0.04	0.00	0.01	0.00			
				pre-post sd		0.04	0.00	0.01	0.00			
				pre-post sd		0.08	0.01	0.01	0.00			
1.97	0.38				change score sem	0.00	0.03					2.69
4.94	0.95				change score sem	0.00	0.01					4.35
4.05	0.78				change score sem	0.00	0.02					3.66
4.42	0.85				change score sem	0.00	0.01					4.49
5.56	1.07				change score sem	0.00	0.03					5.72
				change score sd (imputed)		0.04	0.03	0.02	0.00			
				change score sd (imputed)		0.03	0.00	0.01	0.00			
				pre-post sd		3.24	-0.60	0.81	0.66			
				pre-post sd		1.16	-0.20	0.29	0.08			
				pre-post sd		92.02	15.30	23.02	529.73			
				pre-post sd	change score sd (imputed)	7.37	-3.80	1.84	3.40			
1.55				pre-post sd	change score sd (imputed)	0.04	0.01	0.01	0.00			1.56
2.39				pre-post sd	change score sd (imputed)	1.81	-0.20	0.45	0.20			2.33
6.75				pre-post sd	change score sd (imputed)	1.96	-0.50	0.49	0.24			6.56
2.64				pre-post sd	change score sd (imputed)	0.06	-0.01	0.01	0.00			2.46
1.99				pre-post sd	change score sd (imputed)	0.05	0.00	0.01	0.00			2.15
3.74				pre-post sd	change score sd (imputed)	0.05	0.00	0.01	0.00			3.91
2.80				pre-post sd	change score sd (imputed)	0.05	0.00	0.01	0.00			3.13
				change score sd (imputed)		0.37	-0.04	0.09	0.04			
				change score sd (imputed)		1.70	-0.90	0.90	0.81			
				change score sd (imputed)		0.07	0.01	0.04	0.00			
				change score sd (imputed)		0.22	0.15	0.12	0.01			
				change score sd (imputed)		0.20	-0.09	0.10	0.01			

Outcome Characteristics

p_te	p_te_se	p_te_var	p_te_lci	p_te_uci	te_met	te_met_p	g_met	g	g_var	g_se
0.50	0.62	0.38				percent change score sds	relative values	0.27	0.12	0.34
-0.60	1.02	1.03				percent change score sds	relative values	-0.20	0.12	0.34
1.50	0.74	0.54				percent change score sds	relative values	0.68	0.12	0.35
0.70	1.02	1.03				percent change score sds	relative values	0.23	0.12	0.34
2.18					change score sds		absolute values	0.33	0.12	0.34
1.20	0.64	0.41				percent change score sds	relative values	0.65	0.14	0.37
1.40	1.06	1.12				percent change score sds	relative values	0.47	0.13	0.37
1.20	0.76	0.57				percent change score sds	relative values	0.56	0.13	0.37
-0.10	1.04	1.09				percent change score sds	relative values	-0.03	0.13	0.36
2.37					change score sds		absolute values	0.33	0.13	0.36
2.00	0.62	0.38				percent change score sds	relative values	1.08	0.13	0.36
2.10	1.00	1.00				percent change score sds	relative values	0.70	0.12	0.35
2.00	0.72	0.52				percent change score sds	relative values	0.92	0.13	0.36
-1.00	1.00	1.00				percent change score sds	relative values	-0.33	0.12	0.34
2.38					change score sds		absolute values	0.35	0.12	0.34
-0.01					change score sds		absolute values	-0.06	0.07	0.27
1.65					change score sds		absolute values	0.47	0.08	0.27
2.56					change score sds		absolute values	0.57	0.08	0.28
0.00					change score sds		absolute values	0.00	0.07	0.27
0.00					change score sds		absolute values	0.00	0.07	0.27
2.50					change score sds		absolute values	0.19	0.07	0.27
3.49					change score sds		absolute values	0.34	0.07	0.27
-0.09					change score sds		absolute values	-0.03	0.05	0.23
-1.14					change score sds		absolute values	-0.31	0.05	0.23
-0.42					change score sds		absolute values	-0.12	0.05	0.23
0.00					change score sds		absolute values	0.00	0.05	0.23
0.00					change score sds		absolute values	0.00	0.05	0.23
0.00					change score sds		absolute values	0.00	0.05	0.23
-0.36					change score sds		absolute values	-0.15	0.09	0.30
0.22					change score sds		absolute values	0.07	0.09	0.30
0.51					change score sds		absolute values	0.14	0.09	0.30
0.00					change score sds		absolute values	0.00	0.09	0.30
0.00					change score sds		absolute values	0.00	0.09	0.30

Outcome Characteristics

0.00					change score sds		absolute values	0.00	0.09	0.30
9.63					change score sds		absolute values	0.66	0.09	0.30
-13.96					change score sds		absolute values	-1.15	0.05	0.23
0.37					change score sds		absolute values	0.10	0.04	0.21
0.57					change score sds		absolute values	0.13	0.04	0.21
0.92					change score sds		absolute values	0.23	0.04	0.21
-0.73					change score sds		absolute values	-0.16	0.04	0.21
-13.96					change score sds		absolute values	-1.15	0.04	0.21
0.08					change score sds		absolute values	0.02	0.04	0.19
0.18					change score sds		absolute values	0.04	0.04	0.19
0.34					change score sds		absolute values	0.09	0.04	0.19
-0.48					change score sds		absolute values	-0.11	0.04	0.19
1.99					change score sds		absolute values	0.60	0.16	0.40
0.09					change score sds		absolute values	0.00	0.15	0.39
							other	0.25	0.15	0.39
1.49	0.17	0.03			change score sds	percent change score sds	absolute values	5.99	0.88	0.94
0.85	0.14	0.02			change score sds	percent change score sds	absolute values	3.47	0.41	0.64
65.72					change score sds		absolute values	1.46	0.21	0.46
80.45					change score sds		absolute values	1.36	0.20	0.45
-7.35					change score sds		absolute values	-0.11	0.17	0.41
-14.42					change score sds		absolute values	-0.12	0.17	0.41
-16.13					change score sds		absolute values	-0.14	0.17	0.41
-2.99					change score sds		absolute values	-0.66	0.23	0.48
-11.32					change score sds		absolute values	-1.17	0.26	0.51
20.28					change score sds		absolute values	3.03	0.48	0.69
17.63					change score sds		absolute values	2.06	0.34	0.58
26.25					change score sds		absolute values	4.10	0.69	0.83
38.01					change score sds		absolute values	4.19	0.71	0.84
31.22					change score sds		absolute values	3.88	0.64	0.80
-0.62					change score sds		absolute values	-0.37	0.23	0.48
0.42					change score sds		absolute values	0.14	0.22	0.47
-0.48					change score sds		absolute values	-0.18	0.22	0.47
1.44					change score sds		absolute values	0.27	0.22	0.47
0.36					change score sds		absolute values	0.12	0.22	0.47
-4.26					change score sds		absolute values	-0.75	0.23	0.48
-9.03					change score sds		absolute values	-0.78	0.23	0.48
16.11					change score sds		absolute values	1.57	0.28	0.53
14.57					change score sds		absolute values	1.61	0.28	0.53

Outcome Characteristics

23.42					change score sds		absolute values	2.81	0.42	0.65
43.45					change score sds		absolute values	3.48	0.53	0.73
15.66					change score sds		absolute values	1.95	0.31	0.56
-1.86					change score sds		absolute values	-0.97	0.24	0.49
-1.61					change score sds		absolute values	-0.64	0.22	0.47
0.58					change score sds		absolute values	0.23	0.21	0.46
-2.04					change score sds		absolute values	-0.46	0.22	0.47
0.98					change score sds		absolute values	0.44	0.22	0.46
1.06					change score sds		absolute values	0.17	0.05	0.23
0.59					change score sds		absolute values	0.11	0.05	0.23
2.09					change score sds		absolute values	0.29	0.05	0.23
-1.47										
-1.33										
1.92					change score sds		absolute values	0.15	0.05	0.23
-0.50	1.34	1.81			change score sds	percent change score sds	absolute values	-0.09	0.18	0.43
0.50	1.09	1.18			change score sds	percent change score sds	absolute values	0.09	0.18	0.43
0.30	1.20	1.44			change score sds	percent change score sds	absolute values	0.02	0.18	0.43
0.40	1.49	2.21			change score sds	percent change score sds	absolute values	0.03	0.18	0.43
-1.70	1.34	1.80			change score sds	percent change score sds	absolute values	-0.26	0.18	0.43
0.60	0.57	0.33			change score sds	percent change score sds	absolute values	0.17	0.18	0.43
92.00	21.59	466.24			change score sds	percent change score sds	absolute values	2.29	0.30	0.55
29.00	5.61	31.52			change score sds	percent change score sds	absolute values	1.85	0.26	0.51
-0.43					change score sds		absolute values	-0.06	0.10	0.32
-0.39					change score sds		absolute values	-0.06	0.10	0.32
-2.59					change score sds		absolute values	-0.22	0.10	0.32
1.71					change score sds		absolute values	0.35	0.10	0.32
-3.45					change score sds		absolute values	-0.62	0.11	0.33
0.88					change score sds		absolute values	0.26	0.10	0.32
-2.73					change score sds		absolute values	-0.42	0.10	0.32
0.00					change score sds		absolute values	0.00	0.10	0.32
2.24					change score sds		absolute values	0.44	0.10	0.32
0.00					change score sds		absolute values	0.00	0.10	0.32
-9.37					change score sds		absolute values	-1.15	0.12	0.34
0.15					change score sds		absolute values	0.02	0.10	0.32
0.04					change score sds		absolute values	0.00	0.10	0.32

Outcome Characteristics

-0.53					change score sds		absolute values	-0.13	0.10	0.32
0.10	1.07	1.15	-1.3	2.2	change score sds	percent change treatment e	absolute values	0.00	0.10	0.32
0.00	1.43	2.04	-1.9	2.8	change score sds	percent change treatment e	absolute values	0.00	0.10	0.32
2.10	0.66	0.44	-0.4	3.4	change score sds	percent change treatment e	absolute values	0.24	0.10	0.32
0.00	1.33	1.76	-3.8	2.6	change score sds	percent change treatment e	absolute values	0.00	0.10	0.32
3.40	1.99	3.96	-1.2	7.3	change score sds	percent change treatment e	absolute values	0.46	0.10	0.32
8.40	2.30	5.27	1.8	12.9	change score sds	percent change treatment e	absolute values	0.97	0.11	0.33
9.90	6.12	37.48	0.2	21.9	change score sds	percent change treatment e	absolute values	1.23	0.12	0.35
6.80	4.54	20.62	-2.7	15.7	change score sds	percent change treatment e	absolute values	0.76	0.11	0.33
11.40	2.70	7.31	6.9	16.7	change score sds	percent change treatment e	absolute values	1.26	0.12	0.35
33.00	77.50	6006.25	-298.1	184.9	change score sds	percent change treatment e	absolute values	0.21	0.10	0.32
0.70	1.07	1.15	-1.4	2.8	change score sds	percent change treatment e	absolute values	0.45	0.10	0.32
1.10	0.67	0.45				percent change score sds	relative values	0.41	0.06	0.25
2.40	1.11	1.23				percent change score sds	relative values	0.54	0.07	0.26
2.30	1.23	1.50				percent change score sds	relative values	0.47	0.07	0.26
12.60	4.12	16.98			change score sds	percent change score sds	absolute values	0.72	0.07	0.26
10.70	6.28	39.42			change score sds	percent change score sds	absolute values	0.64	0.07	0.26
7.80	6.33	40.06			change score sds	percent change score sds	absolute values	0.51	0.07	0.26
11.20	10.64	113.15			change score sds	percent change score sds	absolute values	0.58	0.07	0.26
4.20	6.49	42.10			change score sds	percent change score sds	absolute values	0.30	0.06	0.25
0.56					change score sds		absolute values	0.17	0.03	0.17
1.87					change score sds		absolute values	0.49	0.03	0.17
-0.15					change score sds		absolute values	-0.08	0.03	0.17
0.00					change score sds		absolute values	0.00	0.03	0.17
1.05					change score sds		absolute values	0.25	0.03	0.18
1.22					change score sds		absolute values	0.35	0.03	0.18
0.56					change score sds		absolute values	0.22	0.03	0.18
0.37					change score sds		absolute values	0.33	0.03	0.18
6.09					change score sds		absolute values	1.08	0.46	0.68
1.85					change score sds		absolute values	0.22	0.40	0.63

Outcome Characteristics

-1.11					change score sds		absolute values	-0.21	0.40	0.63
3.19										
-3.10					change score sds		absolute values	-0.31	0.40	0.64
0.00					change score sds		absolute values	0.00	0.40	0.63
7.80					change score sds		absolute values	1.43	0.50	0.71
0.18					change score sds		absolute values	0.01	0.40	0.63
-6.90					change score sds		absolute values	-1.01	0.45	0.67
5.09										
9.07					change score sds		absolute values	0.86	0.44	0.66
0.00					change score sds		absolute values	0.00	0.40	0.63
							other	0.32	0.05	0.22
1.00	0.57	0.33			change score sds	percent change score sds	relative values	0.38	0.05	0.22
							other	0.15	0.05	0.22
							other	0.22	0.05	0.22
							other	0.23	0.05	0.22
							other	0.75	0.05	0.23
							other	0.43	0.05	0.22
-0.80	0.68	0.46				percent change score sds	relative values	-0.26	0.05	0.22
0.00					change score sds		absolute values	0.00	0.05	0.22
0.00					change score sds		absolute values	0.00	0.05	0.22
0.00					change score sds		absolute values	0.00	0.05	0.22
0.00										
8.52					change score sds		absolute values	1.14	0.06	0.24
0.00					change score sds		absolute values	0.00	0.05	0.22
0.00					treatment effect confidence interval		absolute values	-0.06	0.05	0.22
0.00					treatment effect confidence interval		absolute values	0.26	0.05	0.22
0.00					treatment effect confidence interval		absolute values	0.37	0.05	0.22
0.00					treatment effect confidence interval		absolute values	0.34	0.05	0.22
0.00					treatment effect confidence interval		absolute values	0.59	0.05	0.22
0.00					treatment effect confidence interval		absolute values	0.76	0.05	0.23
0.00					treatment effect confidence interval		absolute values	-0.18	0.05	0.22
							other	0.04	0.08	0.27
							other	-0.11	0.08	0.27
							other	0.05	0.08	0.27
							other	-0.12	0.08	0.28
0.00										
0.00										
0.00										
0.00										
0.00					change score sds		absolute values	0.00	0.08	0.27

Outcome Characteristics

0.00					treatment effect confidence interval		absolute values	-0.07	0.07	0.26
0.00					treatment effect confidence interval		absolute values	-0.05	0.07	0.26
0.00					treatment effect confidence interval		absolute values	-0.04	0.07	0.26
0.00					treatment effect confidence interval		absolute values	0.06	0.07	0.26
0.00					treatment effect confidence interval		absolute values	0.30	0.07	0.26
							other	-0.14	0.08	0.28
							other	0.25	0.08	0.28
							other	-0.03	0.08	0.28
							other	-0.38	0.08	0.29
0.00										
0.00										
0.00										
0.00					change score sds		absolute values	0.00	0.08	0.28
0.00					treatment effect confidence interval		absolute values	0.02	0.07	0.27
0.00					treatment effect confidence interval		absolute values	-0.23	0.07	0.27
0.00					treatment effect confidence interval		absolute values	-0.38	0.07	0.27
0.00					treatment effect confidence interval		absolute values	-0.47	0.07	0.27
0.00					treatment effect confidence interval		absolute values	0.63	0.08	0.28
-0.12	0.57	0.32				percent change score sds	relative values	-0.05	0.07	0.26
0.56	0.54	0.29				percent change score sds	relative values	0.27	0.07	0.26
					change score sds		absolute values	-0.27	0.07	0.26
-0.89					change score sds		absolute values	-0.33	0.07	0.26
					change score sds		absolute values	-0.09	0.07	0.26
					change score sds		absolute values	0.01	0.07	0.26
					change score sds		absolute values	0.12	0.07	0.26
					change score sds		absolute values	0.08	0.07	0.26
					change score sds		absolute values	-0.06	0.07	0.26
-1.10					change score sds		absolute values	-0.19	0.07	0.26
-0.71	0.41	0.17				percent change score sds	relative values	-0.45	0.07	0.27
0.35	0.53	0.28				percent change score sds	relative values	0.17	0.07	0.26
					change score sds		absolute values	-0.08	0.07	0.26
-0.67					change score sds		absolute values	-0.27	0.07	0.26
					change score sds		absolute values	-0.27	0.07	0.26
					change score sds		absolute values	0.08	0.07	0.26
					change score sds		absolute values	0.37	0.07	0.26
					change score sds		absolute values	0.15	0.07	0.26

Outcome Characteristics

					change score sds		absolute values	-0.11	0.07	0.26
-1.54					change score sds		absolute values	-0.25	0.07	0.26
2.51	0.64	0.41				percent change score sds	relative values	1.01	0.08	0.28
-0.89	0.66	0.44				percent change score sds	relative values	-0.35	0.07	0.26
					change score sds		absolute values	0.30	0.07	0.26
1.46					change score sds		absolute values	0.46	0.07	0.27
					change score sds		absolute values	0.27	0.07	0.26
					change score sds		absolute values	0.20	0.07	0.26
					change score sds		absolute values	-0.26	0.07	0.26
					change score sds		absolute values	0.01	0.07	0.26
					change score sds		absolute values	-0.31	0.07	0.26
0.28					change score sds		absolute values	0.05	0.07	0.26
2.30	0.93	0.87				percent change score sds	relative values	0.63	0.07	0.26
1.01	0.68	0.47				percent change score sds	relative values	0.38	0.07	0.26
					change score sds		absolute values	0.19	0.07	0.26
-0.23					change score sds		absolute values	-0.08	0.07	0.26
					change score sds		absolute values	0.09	0.07	0.26
					change score sds		absolute values	-0.32	0.07	0.26
					change score sds		absolute values	0.20	0.07	0.26
					change score sds		absolute values	-0.06	0.07	0.26
					change score sds		absolute values	-0.09	0.07	0.26
-0.01					change score sds		absolute values	0.00	0.07	0.26
3.33	1.31	1.73			change score sds	percent change score sds	relative values	1.03	0.19	0.44
15.58					change score sds		absolute values	2.22	0.36	0.60
15.16					change score sds		absolute values	1.12	0.26	0.51
-29.63					change score sds		absolute values	-2.53	0.40	0.63
15.55					change score sds		absolute values	1.42	0.28	0.53
-6.10					change score sds		absolute values	-0.74	0.24	0.49
1.44	0.39	0.15			treatment effect confidence interval	percent change score sds	absolute values	0.52	0.02	0.13
2.06	0.46	0.21			treatment effect confidence interval	percent change score sds	absolute values	0.65	0.02	0.14

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Outcome Characteristics

-0.64	0.54	0.29				percent change score sds	relative values	-0.31	0.07	0.27
1.14	0.50	0.25				percent change score sds	relative values	0.60	0.07	0.27
0.01	0.68	0.46				percent change score sds	relative values	0.00	0.07	0.26
1.88	0.63	0.40				percent change score sds	relative values	0.78	0.07	0.27
1.15	0.71	0.50				percent change score sds	relative values	0.42	0.07	0.27
-0.16	0.77	0.60				percent change score sds	relative values	-0.05	0.07	0.26
0.12	0.59	0.35				percent change score sds	relative values	0.05	0.07	0.26
-0.12	0.66	0.44				percent change score sds	relative values	-0.05	0.07	0.26
0.09	0.41	0.17				percent change score sds	relative values	0.06	0.07	0.26
-0.31	0.48	0.23				percent change score sds	relative values	-0.16	0.06	0.25
-0.08	0.47	0.22				percent change score sds	relative values	-0.04	0.06	0.25
-0.01	0.66	0.44				percent change score sds	relative values	0.00	0.06	0.25
0.11	0.63	0.39				percent change score sds	relative values	0.04	0.06	0.25
0.14	0.60	0.36				percent change score sds	relative values	0.06	0.06	0.25
0.16	0.77	0.59				percent change score sds	relative values	0.05	0.06	0.25
-0.74	0.51	0.26				percent change score sds	relative values	-0.35	0.06	0.25
-1.01	0.61	0.37				percent change score sds	relative values	-0.41	0.06	0.25
-0.08	0.42	0.18				percent change score sds	relative values	-0.05	0.06	0.25
-0.25	0.61	0.37			change score sds	percent change score sds	relative values	-0.09	0.05	0.22
2.04	0.48	0.23			change score sds	percent change score sds	relative values	0.91	0.05	0.23
0.14	0.42	0.18			change score sds	percent change score sds	relative values	0.07	0.05	0.22
1.10	0.54	0.29			change score sds	percent change score sds	relative values	0.44	0.05	0.22
1.69	0.50	0.25			change score sds	percent change score sds	relative values	0.73	0.05	0.22

Outcome Characteristics

0.07	0.42	0.18			change score sds	percent change score sds	relative values	0.04	0.05	0.22
0.50	1.35	1.82				percent change score sds	relative values	0.12	0.12	0.34
-0.20	1.74	3.04				percent change score sds	relative values	-0.04	0.12	0.34
0.20	0.70	0.49				percent change score sds	relative values	0.10	0.12	0.34
0.60	0.84	0.71				percent change score sds	relative values	0.24	0.12	0.34
1.40	0.95	0.89				percent change score sds	relative values	0.49	0.12	0.35
-0.30	1.27	1.62				percent change score sds	relative values	-0.08	0.12	0.34
1.80	1.66	2.74				percent change score sds	relative values	0.36	0.12	0.34
-0.50	0.91	0.83				percent change score sds	relative values	-0.18	0.12	0.34
-0.30	3.63	13.19				percent change score sds	relative values	-0.03	0.12	0.34
0.00	1.17	1.37				percent change score sds	relative values	0.00	0.12	0.34
2.60	171.36	29362.90				percent change score sds	relative values	0.01	0.12	0.34
38.00	10.01	100.14				percent change score sds	relative values	1.27	0.14	0.37
4.10	1.39	1.92				percent change score sds	relative values	0.97	0.13	0.35
1.10	1.90	3.60				percent change score sds	relative values	0.19	0.11	0.34
1.20	0.70	0.49				percent change score sds	relative values	0.56	0.12	0.34
-0.90	0.82	0.67				percent change score sds	relative values	-0.36	0.11	0.34
0.20	1.29	1.67				percent change score sds	relative values	0.05	0.11	0.34
-1.10	1.03	1.07				percent change score sds	relative values	-0.35	0.11	0.34
-1.30	1.67	2.78				percent change score sds	relative values	-0.26	0.11	0.34
-0.10	0.93	0.86				percent change score sds	relative values	-0.04	0.11	0.34
-3.70	3.67	13.47				percent change score sds	relative values	-0.33	0.11	0.34
0.70	1.06	1.12				percent change score sds	relative values	0.22	0.11	0.34
19.40	176.77	31246.38				percent change score sds	relative values	0.04	0.11	0.34
-3.00	9.97	99.34				percent change score sds	relative values	-0.10	0.11	0.34
-0.47					change score sds		absolute values	-0.07	0.06	0.25
0.30					change score sds		absolute values	0.09	0.06	0.25
1.15					change score sds		absolute values	0.22	0.06	0.25
-0.29					change score sds		absolute values	-0.10	0.07	0.26
-0.18					change score sds		absolute values	-0.05	0.07	0.26
1.58					change score sds		absolute values	0.22	0.07	0.26
0.76					change score sds		absolute values	0.26	0.07	0.26
0.37					change score sds		absolute values	0.16	0.06	0.25
0.46					change score sds		absolute values	0.32	0.07	0.26

Outcome Characteristics

0.00										
0.76					change score sds		absolute values	0.10	0.09	0.29
9.74					change score sds		absolute values	1.21	0.10	0.32
-7.72					change score sds		absolute values	-1.30	0.10	0.32
-15.91					change score sds		absolute values	-1.91	0.12	0.35
37.63					change score sds		absolute values	1.51	0.11	0.33
21.47					change score sds		absolute values	2.08	0.13	0.36
23.36					change score sds		absolute values	1.54	0.11	0.33
17.96					change score sds		absolute values	1.69	0.12	0.34
29.46					change score sds		absolute values	2.17	0.14	0.37
-0.87					change score sds		absolute values	-0.17	0.09	0.29
4.21					change score sds		absolute values	0.75	0.09	0.30
2.17					change score sds		absolute values	0.34	0.09	0.29
2.47					change score sds		absolute values	0.43	0.09	0.30
2.85					change score sds		absolute values	0.44	0.09	0.29
2.78					change score sds		absolute values	0.44	0.09	0.29
-0.48					change score sds		absolute values	-0.10	0.08	0.29
-18.56					change score sds		absolute values	-2.06	0.13	0.36
31.34					change score sds		absolute values	1.16	0.10	0.31
-1.20					change score sds		absolute values	-0.11	0.08	0.29
10.92					change score sds		absolute values	0.81	0.09	0.30
-0.20					change score sds		absolute values	-0.03	0.08	0.29
10.30					change score sds		absolute values	0.82	0.09	0.30
0.75					change score sds		absolute values	0.12	0.08	0.29
1.58					change score sds		absolute values	0.29	0.08	0.29
0.81					change score sds		absolute values	0.14	0.08	0.29
0.96					change score sds		absolute values	0.17	0.08	0.29
1.77					change score sds		absolute values	0.29	0.07	0.26
-6.06					change score sds		absolute values	-1.28	0.08	0.28
3.31					change score sds		absolute values	0.52	0.07	0.26
-2.11					change score sds		absolute values	-0.34	0.07	0.26
6.89					change score sds		absolute values	0.70	0.07	0.27
-7.44					change score sds		absolute values	-0.69	0.07	0.27
27.71					change score sds		absolute values	1.26	0.08	0.28

Outcome Characteristics

0.26					change score sds		absolute values	0.14	0.07	0.26
-3.79					change score sds		absolute values	-0.27	0.07	0.26
-2.52					change score sds		absolute values	-0.21	0.07	0.26
2.25					change score sds		absolute values	0.15	0.07	0.26
14.60					change score sds		absolute values	1.07	0.08	0.28
4.53					change score sds		absolute values	0.36	0.07	0.26
8.01					change score sds		absolute values	0.66	0.07	0.27
-2.30					change score sds		absolute values	-0.17	0.07	0.26
6.59					change score sds		absolute values	0.53	0.07	0.26
3.61					change score sds		absolute values	0.73	0.07	0.27
0.65					change score sds		absolute values	0.13	0.07	0.26
0.71					change score sds		absolute values	0.12	0.07	0.26
0.36					change score sds		absolute values	0.07	0.07	0.26
1.86					change score sds		absolute values	0.40	0.07	0.26
0.13	1.13	1.27			change score sds	percent change score sds	absolute values	0.04	0.10	0.32
-2.91					change score sds		absolute values	-0.31	0.10	0.32
-2.95										
15.98					change score sds		absolute values	1.86	0.15	0.38
1.42	1.34	1.80			change score sds	percent change score sds	absolute values	0.21	0.12	0.34
-4.01					change score sds		absolute values	-0.40	0.12	0.34
-4.04										
16.08					change score sds		absolute values	1.79	0.16	0.40
3.40	1.34	1.79			change score sds	percent change score sds	absolute values	0.71	0.11	0.33
2.80	1.14	1.29			change score sds	percent change score sds	absolute values	0.81	0.11	0.33
0.00										
0.00										
0.16					change score sds		absolute values	0.04	0.10	0.32
31.70					change score sds		absolute values	2.98	0.22	0.47
58.40					change score sds		absolute values	2.97	0.22	0.46
57.10					change score sds		absolute values	4.91	0.41	0.64
52.10					change score sds		absolute values	3.48	0.26	0.51
45.80					change score sds		absolute values	2.60	0.19	0.43
-22.80					change score sds		absolute values	-1.77	0.14	0.38
24.95					change score sds		absolute values	6.36	0.62	0.79
1.27					change score sds		absolute values	0.27	0.08	0.29
1.14					change score sds		absolute values	0.22	0.08	0.29
0.02					change score sds		absolute values	0.00	0.08	0.29
0.54	0.33	0.11				percent change score sds	relative values	0.40	0.06	0.25

Outcome Characteristics

0.27	0.35	0.12				percent change score sds	relative values	0.19	0.06	0.25
0.22	0.43	0.19				percent change score sds	relative values	0.12	0.06	0.25
0.31	0.46	0.21				percent change score sds	relative values	0.16	0.06	0.25
0.06	0.38	0.14				percent change score sds	relative values	0.04	0.06	0.25
0.46	0.39	0.15				percent change score sds	relative values	0.29	0.06	0.25
0.32	0.48	0.24				percent change score sds	relative values	0.16	0.06	0.25
0.60	0.45	0.20				percent change score sds	relative values	0.32	0.06	0.25
1.77					change score sds		absolute values	0.19	0.11	0.33
7.63					change score sds		absolute values	1.21	0.12	0.35
7.80					change score sds		absolute values	0.89	0.12	0.34
4.25					change score sds		absolute values	0.59	0.11	0.33
2.73					change score sds		absolute values	0.38	0.11	0.33
8.13					change score sds		absolute values	1.12	0.12	0.35
27.63					change score sds		absolute values	3.03	0.23	0.48
18.49					change score sds		absolute values	4.18	0.34	0.58
55.87					change score sds		absolute values	5.68	0.53	0.73
54.35					change score sds		absolute values	5.84	0.55	0.74
15.31					change score sds		absolute values	2.23	0.17	0.41
13.57					change score sds		absolute values	1.77	0.11	0.32
-0.41					change score sds		absolute values	-0.11	0.08	0.27
3.65					change score sds		absolute values	0.98	0.08	0.29
-7.07					change score sds		absolute values	-0.76	0.08	0.28
2.08					change score sds		absolute values	1.18	0.09	0.30
34.71					change score sds		absolute values	1.30	0.09	0.30
-13.76					change score sds		absolute values	-1.22	0.09	0.30
46.87					change score sds		absolute values	0.71	0.08	0.28
0.52					change score sds		absolute values	0.19	0.08	0.28
0.47					change score sds		absolute values	0.16	0.08	0.28
6.25					change score sds		absolute values	0.62	0.04	0.20
1.69					change score sds		absolute values	0.14	0.04	0.19
4.55					change score sds		absolute values	0.44	0.04	0.19
3.04					change score sds		absolute values	0.26	0.04	0.19
4.63					change score sds		absolute values	0.65	0.04	0.20
2.22					change score sds		absolute values	0.15	0.04	0.19
-52.22					change score sds		absolute values	-0.27	0.04	0.19
7.91					change score sds		absolute values	0.62	0.03	0.17
6.45					change score sds		absolute values	0.30	0.03	0.17

Outcome Characteristics

-0.01					change score sds		absolute values	0.00	0.03	0.16
-3.18					change score sds		absolute values	-0.23	0.03	0.17
1.80					change score sds		absolute values	0.37	0.03	0.17
1.18					change score sds		absolute values	0.26	0.03	0.17
0.00					change score sds		absolute values	0.00	0.03	0.16
0.00					change score sds		absolute values	0.00	0.03	0.16
0.77					change score sds		absolute values	0.13	0.03	0.16
							other	0.51	0.05	0.22
							other	0.55	0.09	0.29
							other	0.52	0.08	0.27
-1.25	0.72	0.53				percent change score sds	relative values	-0.46	0.07	0.27
-1.57	1.17	1.38				percent change score sds	relative values	-0.36	0.07	0.27
-1.70	0.99	0.97				percent change score sds	relative values	-0.46	0.07	0.27
-1.68	1.21	1.46				percent change score sds	relative values	-0.37	0.07	0.27
-0.53	1.54	2.38				percent change score sds	relative values	-0.09	0.07	0.27
2.82					change score sds		absolute values	0.77	0.21	0.46
0.22					change score sds		absolute values	0.06	0.20	0.45
-1.07					change score sds		absolute values	-0.18	0.06	0.25
-0.86					change score sds		absolute values	-0.17	0.06	0.25
2.61					change score sds		absolute values	0.16	0.06	0.25
-24.87	0.00				change score sds	percent change score sds	absolute values	-0.51	0.06	0.25
0.48	0.39	0.15			change score sds	percent change score sds	absolute values	0.12	0.06	0.25
-0.54	0.58	0.34			change score sds	percent change score sds	absolute values	-0.11	0.06	0.25
-3.54	1.64	2.69			change score sds	percent change score sds	absolute values	-0.25	0.06	0.25
-1.03	0.62	0.38			change score sds	percent change score sds	absolute values	-0.18	0.06	0.25
0.06	0.54	0.29			change score sds	percent change score sds	absolute values	0.02	0.06	0.25
-0.14	0.98	0.96			change score sds	percent change score sds	absolute values	0.00	0.06	0.25
0.38	0.78	0.61			change score sds	percent change score sds	absolute values	0.04	0.06	0.25
-2.56					change score sds		absolute values	-0.47	0.29	0.53
-3.00					change score sds		absolute values	-0.50	0.29	0.53
1.28					change score sds		absolute values	0.18	0.28	0.53
19.31					change score sds		absolute values	0.63	0.29	0.54
-10.20					change score sds		absolute values	-0.45	0.28	0.53

Outcome Characteristics

es_direction	notes_oc
positive	included exercise leg of control group versus control leg of exercise group in analysis
positive	included exercise leg of control group versus control leg of exercise group in analysis
positive	included exercise leg of control group versus control leg of exercise group in analysis
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Outcome Characteristics

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Outcome Characteristics

positive	no data for control group
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positive	reported data as itt analysis but provided data as abp
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positive	reported data as itt analysis but provided data as abp
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Outcome Characteristics

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Outcome Characteristics

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positive	adjusted for baseline height and weight
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positive	g calculated from p-value
positive	g calculated from p-value
positive	g calculated from p-value
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negative	no final data provided
positive	no final data provided
negative	no final data provided
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APPENDIX D

Published Abstracts of Presentations at Professional Conferences

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Arthritis & Rheumatism, Volume 64, November 2012 Abstract Supplement

Abstracts of the American College of
Rheumatology/Association of Rheumatology Health Professionals
Annual Scientific Meeting
Washington, DC November 9-14, 2012.



Effects Of Ground And Joint Reaction Force Exercise On Bone Mineral Density In Postmenopausal Women: A Meta-Analysis Of Randomized Controlled Trials.

Kelley¹, George A., Kelley¹, Kristi S., Kohrt², Wendy M.

West Virginia University, Morgantown, WV
University of Colorado @ Denver, Aurora, CO

Background/Purpose:

Previous randomized controlled trials have led to conflicting findings regarding the effects of ground and/or joint reaction force exercise on femoral neck (FN) and lumbar spine (LS) bone mineral density (BMD) in postmenopausal women. The purpose of this study was to use the aggregate data meta-analytic approach to resolve these discrepancies.

Methods:

The *a priori* inclusion criteria were: (1) randomized controlled trials, (2) ground and/or joint reaction force exercise > 24 weeks, (3) comparative control group, (4) postmenopausal women, (5) participants not regularly active, (6) published and unpublished studies in any language since January 1, 1989, (7) BMD data available at the FN and/or LS. Studies were located by searching six electronic databases, cross-referencing, hand searching and expert review. Dual selection of studies and data abstraction were performed. Hedge's standardized effect size (*g*) was calculated for each FN and LS BMD result and pooled using random-effects models. Z-score alpha values, 95% confidence intervals (CI) and number-needed-to-treat (NNT) were calculated for pooled results.

Heterogeneity was examined using *Q* and *I*². Mixed-effects ANOVA and simple meta-regression were used to examine changes in FN and LS BMD according to selected categorical and continuous variables. Statistical significance was set at an alpha value ≤ 0.05 and a trend at >0.05 to ≤ 0.10.

Results:

Statistically significant exercise minus control group improvements were found for both FN (28 *g*'s, 1632 participants, *g* = 0.288, 95% CI = 0.102, 0.474, *p* = 0.002, *Q* = 90.5, *p* < 0.0001, *I*² = 70.1%, NNT = 6) and LS (28 *g*'s, 1504 participants, *g* = 0.179, 95% CI = -0.003, 0.361, *p* = 0.05, *Q* = 77.7, *p* < 0.0001, *I*² = 65.3%, NNT = 6) BMD. None of the mixed-effects ANOVA analyses were statistically significant. For both FN and LS BMD, statistically significant, or a trend for statistically significant and positive associations were observed for intensity of training and compliance (joint reaction force exercise only) as well as changes in static balance. Inverse associations were observed for compliance (combined ground and joint reaction force exercise) as well as changes in body mass index, body weight and percent body fat. When limited to the LS, statistically significant, or a trend for statistically significant and positive associations were found for age, years postmenopausal and changes in lean body

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mass while inverse associations were observed for duration of training (minutes per session, ground reaction force exercise only), total minutes of training per week (ground reaction force exercise only), compliance (combined ground and joint reaction force exercise) and changes in aerobic fitness.

Conclusion:

Exercise benefits FN and LS BMD in postmenopausal women. Several of the observed associations appear worthy of further investigation in well-designed randomized controlled trials.

To cite this abstract, please use the following information:

Kelley, George A., Kelley, Kristi S., Kohrt, Wendy M.; Effects of Ground and Joint Reaction Force Exercise On Bone Mineral Density in Postmenopausal Women: A Meta-Analysis of Randomized Controlled Trials. [abstract]. Arthritis Rheum 2012;64 Suppl 10 :2408
DOI: 10.1002/art.40139

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Presentation Abstract

Session: C-33-Exercise is Medicine - Implications for Body Composition

Thursday, May 30, 2013, 7:30 AM -12:30 PM

Presentation: 1206 - **Exercise and Bone Mineral Density in Premenopausal Women: A Meta-Analysis of Randomized Controlled Trials**

Location: Hall C, Poster Board: 151

Pres. Time: Thursday, May 30, 2013, 8:00 AM - 9:30 AM

Category: 1200. Exercise is Medicine – Focuses on the impact of physical activity on health and the prevention and treatment of disease and disability in clinical settings

Author(s): George A. Kelley, FACSM¹, Kristi S. Kelley¹, Wendy M. Kohrt, FACSM². ¹West Virginia University, Morgantown, WV. ²University of Colorado Denver, Aurora, CO.

Abstract: Maintaining optimal bone mineral density (BMD) during the premenopausal years is important for reducing the risk of osteoporosis and subsequent fractures during the postmenopausal years. Previous randomized controlled trials addressing the effects of joint and/or ground reaction force exercise on femoral neck (FN) and lumbar spine (LS) BMD in premenopausal women have led to conflicting and less than overwhelming results. **PURPOSE:** Examine the effects of exercise on FN and LS BMD in premenopausal women. **METHODS:** Meta-analysis of randomized controlled exercise trials ≥ 24 weeks in premenopausal women. Standardized effect sizes (g) were calculated for each result and pooled using random-effects models, Z -score alpha values, 95% confidence intervals (CI) and number-needed-to-treat (NNT). Heterogeneity was examined using Q and I -squared. Moderator and predictor analyses using mixed-effects ANOVA and simple meta-regression were conducted. Statistical significance was set at $p \leq 0.05$. **RESULTS:** Statistically significant improvements were found for both FN (7 g 's, 466 participants, $g=0.342$, 95% CI=0.132, 0.553, $p=0.001$, $Q=10.8$, $p=0.22$, I -squared=25.7%, NNT=5) and LS (6 g 's, 402 participants, $g=0.201$, 95% CI=0.009, 0.394, $p=0.04$, $Q=3.3$, $p=0.65$, I -squared=0%, NNT=9) BMD. A trend for greater benefits in FN BMD was observed for studies published in countries other than the United States and for those who participated in home versus facility-based exercise. Statistically significant, or a trend for statistically significant, associations were observed for 7 different moderators and predictors, 6 for FN BMD and 1 for LS BMD. **CONCLUSIONS:** Exercise benefits FN and LS BMD in premenopausal women. The observed moderators and predictors deserve further investigation in well-designed randomized controlled trials.

Disclosures: **G.A. Kelley:** None.

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Presentation Abstract

Session: D-33-Physical Activity Interventions/Promotion in Adults

Thursday, May 30, 2013, 1:00 PM - 6:00 PM

Presentation: 1599 - **Exercise and Bone Mineral Density in Men: A Meta-Analysis of Randomized Controlled Trials**

Location: Hall C, Poster Board: 191

Pres. Time: Thursday, May 30, 2013, 3:30 PM - 5:00 PM

Category: 5501. Physical Activity/Health Promotion Interventions - physical activity interventions

Keywords: exercise; bone; meta-analysis

Author(s): George A. Kelley, FACSM¹, Kristi S. Kelley¹, Wendy M. Kohrt, FACSM². ¹West Virginia University, Morgantown, WV. ²University of Colorado Denver, Aurora, CO.

Abstract: Osteoporosis and osteopenia are major public health problems in men 50 years of age and older. Previous research regarding the effects of exercise on bone mineral density (BMD) in men has reached conflicting results. **PURPOSE:** Use the meta-analytic approach to examine the effects of ground and/or joint reaction force exercise on femoral neck (FN) and lumbar spine (LS) BMD in men. **METHODS:** Randomized controlled exercise trials ≥ 24 weeks were included. Standardized effect sizes (g) were calculated and pooled using random-effects models, Z -score alpha values and 95% confidence intervals (CI). Heterogeneity was examined using Q and I -squared. Statistical significance was set at a two-tailed alpha value (p) of ≤ 0.05 and a trend at >0.05 to ≤ 0.10 . **RESULTS:** A moderate and statistically significant improvement was found at the FN (3 g 's, 187 participants, $g=0.583$, 95% CI=0.031, 1.135, $p=0.04$, $Q=5.6$, $p=0.06$, I -squared=64%) while a small trend was observed at the LS (5 g 's, 275 participants, $g=0.190$, 95% CI = -0.036, 0.416, $p=0.10$, $Q=3.0$, $p=0.55$, I -squared=0%). Results were sensitive to influence analysis as well as collapsing multiple groups from the same studies so that only one g represented each study. **CONCLUSIONS:** There is currently insufficient evidence to recommend ground and/or joint reaction force exercise for improving and/or maintaining FN and LS BMD in men. Additional well-designed randomized controlled trials are needed before any final recommendations can be formulated.

Disclosures: **G.A. Kelley:** None.

APPENDIX E

Publications in Peer-Reviewed Biomedical Journals

RESEARCH ARTICLE

Open Access

Effects of ground and joint reaction force exercise on lumbar spine and femoral neck bone mineral density in postmenopausal women: a meta-analysis of randomized controlled trials

George A Kelley^{1*}, Kristi S Kelley¹ and Wendy M Kohrt²

Abstract

Background: Low bone mineral density (BMD) and subsequent fractures are a major public health problem in postmenopausal women. The purpose of this study was to use the aggregate data meta-analytic approach to examine the effects of ground (for example, walking) and/or joint reaction (for example, strength training) exercise on femoral neck (FN) and lumbar spine (LS) BMD in postmenopausal women.

Methods: The *a priori* inclusion criteria were: (1) randomized controlled trials, (2) exercise intervention ≥ 24 weeks, (3) comparative control group, (4) postmenopausal women, (5) participants not regularly active, i.e., less than 150 minutes of moderate intensity (3.0 to 5.9 metabolic equivalents) weight bearing endurance activity per week, less than 75 minutes of vigorous intensity (> 6.0 metabolic equivalents) weight bearing endurance activity per week, resistance training < 2 times per week, (6) published and unpublished studies in any language since January 1, 1989, (7) BMD data available at the FN and/or LS. Studies were located by searching six electronic databases, cross-referencing, hand searching and expert review. Dual selection of studies and data abstraction were performed. Hedge's standardized effect size (*g*) was calculated for each FN and LS BMD result and pooled using random-effects models. Z-score alpha values, 95% confidence intervals (CI) and number-needed-to-treat (NNT) were calculated for pooled results. Heterogeneity was examined using *Q* and *I*². Mixed-effects ANOVA and simple meta-regression were used to examine changes in FN and LS BMD according to selected categorical and continuous variables. Statistical significance was set at an alpha value ≤ 0.05 and a trend at > 0.05 to ≤ 0.10 .

Results: Small, statistically significant exercise minus control group improvements were found for both FN (28 g's, 1632 participants, $g = 0.288$, 95% CI = 0.102, 0.474, $p = 0.002$, $Q = 90.5$, $p < 0.0001$, $I^2 = 70.1\%$, NNT = 6) and LS (28 g's, 1504 participants, $g = 0.179$, 95% CI = -0.003, 0.361, $p = 0.05$, $Q = 77.7$, $p < 0.0001$, $I^2 = 65.3\%$, NNT = 6) BMD. Clinically, it was estimated that the overall changes in FN and LS would reduce the 20-year relative risk of osteoporotic fracture at any site by approximately 11% and 10%, respectively. None of the mixed-effects ANOVA analyses were statistically significant. Statistically significant, or a trend for statistically significant, associations were observed for changes in FN and LS BMD and 20 different predictors.

Conclusions: The overall findings suggest that exercise may result in clinically relevant benefits to FN and LS BMD in postmenopausal women. Several of the observed associations appear worthy of further investigation in well-designed randomized controlled trials.

Keywords: Exercise, Bone, Osteoporosis, Women, Postmenopausal, Aging, Meta-analysis, Systematic review

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Background

Osteoporosis is a major public health problem affecting an estimated 200 million women worldwide [1]. Congruent with osteoporosis is an increased risk for osteoporosis-related fractures, especially in women during the postmenopausal years, generally considered to begin around 50 years of age [2]. Comparatively, the lifetime risk of an osteoporosis-related fracture in women is equivalent to the risk of developing cardiovascular disease [3]. The two most common sites for osteoporosis-related fractures are the hip and the spine, with an estimated worldwide prevalence of 1.1 million and 862,000, respectively, in women 50 years of age and older in the year 2000 [2]. In the United States, the total annual costs associated with osteoporosis-related fractures were more than \$19 billion in 2005 with a predicted increase to \$25.3 billion in 2025 [4]. The majority of the costs in 2005 were attributed to fractures of the hip (72%) followed by the spine (6%) [4].

Prevention of osteoporosis has focused on maximizing bone mineral density (BMD) during childhood and adolescence and maintaining BMD during adulthood [5,6]. Preventive measures include adequate calcium and vitamin D intake as well as avoiding cigarette smoking and excessive alcohol intake [5,6]. In addition, ground reaction (for example, jogging) and joint reaction (for example, strength training) force exercise has been recommended across the lifespan [5-8]. However, the results of previous randomized controlled exercise intervention trials have reached conflicting and underwhelming conclusions regarding the effects of ground reaction and/or joint reaction force exercise on BMD at the femoral neck (FN) and lumbar spine (LS) in postmenopausal women [9-33]. For example, using the vote-counting approach, only 29% of the exercise versus control group differences in FN BMD have been reported as statistically significant and in the direction of benefit while even fewer (11%) have been reported at the LS [9-33]. Based on these findings, one might reach the general conclusion that ground and joint reaction force exercise have little or no effect on FN and LS BMD. However, reliance on a vote-counting approach based on statistical significance can be extremely misleading since the absence of a statistically significant effect does not mean that an effect is absent [34]. In contrast, meta-analysis allows one to go beyond statistical significance and focus on the magnitude of effect. It is a quantitative approach for combining the results of studies. The strengths of meta-analysis include: (1) increased power, (2) improved estimates of effect size (ES), and (3) the potential to resolve disagreements between studies [35].

While a number of meta-analyses have been conducted on the effects of exercise on FN and LS BMD in adults [36-54], fewer have focused, or partitioned data, according to randomized controlled trials in postmenopausal women [37,39,48-51,53]. One meta-analysis that included studies

published up to December, 1995 found a statistically significant exercise minus control group benefit of 0.73% in LS BMD as a result of joint and/or ground reaction force exercise in postmenopausal women [39]. Another meta-analysis that included studies published up to January, 1998 reported a statistically significant benefit in FN and LS BMD ranging from 0.9% to 1.6% as a result of impact and non-impact exercise among postmenopausal women [53]. However, both meta-analyses were limited to studies published more than 14 years ago. Since that time, additional randomized controlled trials with inconsistent findings have been published [10-12,14-17,19-22,24-27,30,32,33]. In addition, guidelines for the improved conduct of meta-analysis have been developed [47].

A modality-specific, joint reaction force meta-analysis that included studies published up to December 2004 found a statistically significant benefit of 0.006 g/cm² in LS BMD and a non-significant benefit of 0.010 g/cm² in FN BMD as a result of high-intensity resistance exercise in postmenopausal women [49]. Another modality-specific meta-analysis by the same research group which included studies published through December 2006 reported a non-statistically significant benefit in FN and LS BMD in postmenopausal women as a result of walking [50]. These findings suggest that walking, a lower impact, ground reaction force exercise, may have little benefit on FN and LS BMD in postmenopausal women. The same research group also published another meta-analysis that included studies published to 2008 [51]. When limited to randomized controlled trials and a random-effects model, a statistically significant benefit of 0.004 g/cm² was found for FN BMD with no statistically significant benefit observed at the LS as a result of exercise in postmenopausal women [51]. More recently, a Cochrane systematic review by Howe et al. reported a statistically significant exercise minus control group benefit of 0.85% in LS BMD but no significant change in FN BMD (-0.08%) as a result of joint and/or ground reaction force exercise in postmenopausal women [37]. However, this systematic review did not appear to be limited to studies in which participants had been previously participating in exercise levels below that currently recommended for bone health [8]. Consequently, the benefits of exercise could have been underestimated. Another meta-analysis reported a statistically significant benefit of 0.014 g/cm² and 0.012 g/cm², respectively, for both FN and LS BMD in females 60 years of age and older [48]. However, similar to the work of Howe et al. [37], participants did not appear to be limited to those who were participating in exercise levels below that currently recommended for bone health [8]. In addition, all studies were coded by one person, thereby increasing the risk for coding errors [47]. A potential reason for the

discrepancy in findings for FN BMD between the Howe et al. [37] and Marques et al. [48] reviews may be accounted for by the fact that the latter meta-analysis limited studies to those in adults 60 years of age and older. This raises the possibility that older postmenopausal women may have more to gain from a regular exercise program. Finally, because the number of analyses aimed at trying to establish the association between selected covariates and changes in FN and LS BMD was limited for all of the previously described meta-analyses, potentially important covariates could have been missed.

A need exists for an updated and thorough meta-analysis on the effects of different ground and joint reaction force exercises, either alone or in combination, on FN and LS BMD in postmenopausal women not participating in exercise levels currently recommended for bone health [8]. Therefore, the purpose of this study was to use the aggregate data meta-analytic approach to determine the effects of ground and/or joint reaction force exercise on BMD at the FN and LS in postmenopausal women not participating in exercise levels currently recommended for bone health [8].

Methods

Study eligibility criteria

The *a priori* inclusion criteria for this meta-analysis were as follows: (1) randomized controlled trials, (2) exercise intervention ≥ 24 weeks, (3) comparative control group (attention control, non-intervention, etc.), (4) postmenopausal women, as defined by the authors, (5) participants not currently participating in any type of regular joint and/or ground reaction force exercise, as defined by the authors, (6) published and unpublished (master's theses and dissertations) studies in any language since January 1, 1989 and (7) BMD (relative value of bone mineral per measured bone area or volume) assessed at the FN and/or LS using dual-energy x-ray absorptiometry (DEXA) or dual-photon absorptiometry (DPA). Given the heterogeneity of reporting by the authors with respect to previous exercise in participants, we revised our inclusion criteria *post hoc* so that only participants who performed less than 150 minutes of moderate intensity (3.0 to 5.9 metabolic equivalents) weight bearing endurance activity per week, less than 75 minutes of vigorous intensity (> 6.0 metabolic equivalents) weight bearing endurance activity per week, resistance training < 2 times per week, were included [7]. Studies were limited to those in which exercise was performed for at least 6 months since it has been suggested that one can generally expect exercise-induced changes in BMD to occur after approximately this length of time [55]. Resistance training studies were included only if lower body exercises were part of the exercise program. The year 1989 was chosen as the starting point for the inclusion of studies because it appeared to

be the first year in which a randomized controlled intervention trial on exercise and BMD in postmenopausal women was conducted [56]. Studies were limited to those in which BMD at the FN and LS were assessed using either DPA or DEXA since they are/have been the most common instruments for assessing BMD in the clinical setting. Only those groups that met the inclusion criteria were included from each study. Any studies not meeting all of the above criteria were excluded from the meta-analysis.

Data sources

Studies were retrieved using the following six electronic databases: (1) Medline (within EBSCO host), (2) Embase, (3) Cochrane Central Register of Controlled Trials (CENTRAL), (4) Dissertation Abstracts Online (DAO), (5) CINAHL (within EBSCOhost), and (6) SPORTDiscus (within EBSCOhost). The last search was conducted in August, 2011. All electronic searches were conducted by the second author with assistance from a Health Sciences librarian at West Virginia University. While the search strategies used varied according to the different databases searched, three key words, or forms of keywords, germane to all searches were 'exercise', 'bone' and 'randomized'. An example of the search strategy used for one of the electronic database searches (SPORTDiscus) is shown in Additional file 1. In addition to electronic searches, cross-referencing from retrieved studies and previous review articles, both systematic and narrative, was performed. Furthermore, hand searches of selected journals were conducted.

Study selection

All studies were selected by the first two authors, independent of each other. Disagreements regarding the final list of studies to include were resolved by consensus. If consensus could not be reached, the third author acted as an arbitrator. After an initial list of included studies was developed, the third author reviewed the list for completeness. All included studies as well as a list of excluded studies, including reasons for exclusion, were stored in Reference Manager (version 12.0.1) [57].

Data abstraction

Prior to data abstraction, a detailed codebook that could hold more than 245 items per study was developed by all three members of the research team in Microsoft Excel 2007 [58]. The major categories of variables that were coded included: (1) study characteristics, (2) subject characteristics, (3) exercise program characteristics, (4) primary outcomes and (5) secondary outcomes. The primary outcomes for this study were BMD at the FN and LS. Secondary outcomes included other measures of BMD (Ward's triangle, total hip, trochanteric, intertrochanteric, whole body, radius) as well as number of

fractures, aerobic fitness, dynamic and static balance, body weight, body mass index (BMI), lean body mass (LBM), fat mass, percent body fat, upper and lower body muscular strength, and calcium and vitamin D intake. Missing primary outcome data were requested from the author(s). Multiple publication bias was avoided by only including data from the most recently published study.

As part of the coding process, the effective load rating for the exercise intervention from each study was calculated using a recently developed, age-adjusted formula [59]. This included the frequency of exercise per week along with the effective load rating, calculated as the product of peak vertical ground reaction force and the rate of force application [59]. Given the multiple types of exercises used in many of the studies, it was not possible to calculate effective load ratings specific to each activity within each study. Therefore, the broad categories recommended by previous work were used [59]. These included numerical effective load ratings equivalent to low (walking, etc.), moderate (tennis, etc.) and high (jumping, etc.) forces [59]. Effective load ratings were also provided for strength training [59]. All studies were coded by the first two authors, independent of each other. They then met and reviewed every entry for accuracy and consistency. Discrepancies were resolved by consensus. If consensus could not be reached, the third author served as an arbitrator.

Risk of bias

The Cochrane Collaboration risk of bias instrument was used to assess bias across five categories: (1) sequence generation, (2) allocation concealment, (3) blinding to group assignment, (4) incomplete outcome data and (5) incomplete outcome reporting [60]. Each item was classified as having either a high, low, or unclear risk of bias [60]. Assessment for risk of bias was limited to the primary outcomes of interest, i.e. FN and LS BMD. Given the objective nature of BMD assessment, all studies were considered to be at a low risk of bias with respect to blinding unless the study reported some reason for such. For incomplete outcome reporting, studies were considered to be at an unclear risk for bias if studies did not report a study protocol identification number to confirm assessed outcomes. No study was excluded based on the results of the risk of bias assessment [61]. All assessments were performed by the first two authors, independent of each other. Both authors then met and reviewed every item for agreement. Disagreements were resolved by consensus.

Statistical analysis

Calculation of effect sizes for primary and secondary outcomes from each study

Given the different methods of reporting results for primary outcomes, i.e., FN and LS BMD, the standardized mean difference effect size (g), adjusted for small sample

bias, was calculated from each study in order to create a common metric for the pooling of findings [62]. Since all studies were parallel, randomized controlled trials [9-33], the g for each outcome from each study was calculated as the difference in change scores between the exercise and control groups divided by the pooled SD of the change scores [62]. For studies in which change outcome SDs for the exercise and control groups were not reported, these were estimated for the exercise and control groups using pre-and post-intervention means and SDs according to the approach of Follmann et al. [63]. For studies that did not allow for such calculations using the aforementioned methods, g was calculated using the reported 95% confidence intervals (95% CIs). After calculating g from each study, its variance was estimated using previously developed procedures [62]. The beneficial effects of exercise on FN and LS BMD were denoted by a positive g .

Secondary outcomes from each study were calculated using either g (Ward's triangle, total hip, trochanteric, whole body, radius, calcaneus, aerobic fitness, dynamic and static balance, upper and lower body muscular strength) or the original metric (body weight in kilograms, BMI in kilogram per meters-squared, LBM in kilograms, fat mass in kilograms and percent of body weight, calcium intake in milligrams, vitamin D intake in micrograms).

Pooled estimates for FN and LS BMD

Random-effects, method-of-moments models that incorporate heterogeneity into the overall estimate were used to pool results for FN and LS BMD as well as secondary outcomes from each study [64]. Multiple groups from the same study were analyzed independently as well as collapsing multiple groups so that only one ES represented each outcome from each study. For the one study that included both per-protocol and intention-to-treat analyses, the more conservative intention-to-treat results were used [10]. While the same study assessed LS BMD at both the L1-L4 and L2-L4 sites [10], data are reported using the L1-L4 sites based on the International Society for Clinical Densitometry 2007 Position Stand recommending that L1-L4 be used for LS BMD measurement [65]. A z -score two-tailed alpha value of ≤ 0.05 was considered to be statistically significant. Alpha values > 0.05 but ≤ 0.10 were considered as a trend. To determine the precision of these estimates, two-tailed 95% confidence intervals (CIs) were also calculated. Analysis of secondary outcomes was considered exploratory because they were not part of the inclusion criteria, and thus, may represent a biased sample.

In terms of magnitude, values for those outcomes in which g was used may be classified as either trivial (< 0.20), small (≥ 0.20 to < 0.50), medium (≥ 0.50 to < 0.80), or large (≥ 0.80) [66]. A g of 0.20, for example, means that exercise

would result in a 0.20 SD benefit over those who did not exercise. Given that the interpretation of g can be difficult with respect to clinical and practical relevance [67], the number needed to treat (NNT) was estimated for FN and LS BMD from pooled g 's using procedures described by Kraemer and Kupfer [68]. For continuous data, the event is the increase in BMD of magnitude g . In addition, the NNT was used to provide a gross estimate of the number of US women 50 years of age and older who could achieve benefit in FN and LS BMD by initiating and maintaining a regular exercise program. This estimate was based on US Census Data for the number of women 50 years of age and older in the US (53,410,602) [69] and Healthy People 2020 Objective PA-2.4 for increasing by 10% the number of adults who meet current physical activity guidelines for aerobic and muscle-strengthening activity [70]. Based on the most recently available physical activity estimates for US adult females, this means an increase in physical activity from 14.9% to approximately 16.4%, a 1.49% increase [71].

Stability and validity of changes in g for FN and LS BMD

Heterogeneity of results between studies was examined using Q as well as an extension of the Q statistic, I^2 [72]. Statistical significance for Q was set at an alpha value of ≤ 0.10 . For I^2 values of 25% to $<50\%$, 50% to $<75\%$, and $\geq 75\%$ may be considered to represent small, medium, and large amounts of inconsistency, respectively [72]. To determine treatment effects in a new trial, 95% prediction intervals were also calculated [73,74].

Publication bias was examined using the trim and fill approach of Duval and Tweedie [75]. Potential publication bias was considered noteworthy if a statistically significant finding was no longer significant after imputing potentially missing studies.

In order to examine the effects of each g from each study on the overall findings, results were analyzed with each study deleted from the model once. In addition, standardized residuals ≥ 3.0 were considered as outliers but not arbitrarily deleted from the model. Cumulative meta-analysis, ranked by year, was used to examine the accumulation of evidence over time on FN and LS BMD [76].

Moderator analysis for FN and LS BMD

Between-group differences (Q_b) in FN and LS BMD for categorical variables were examined using mixed effects ANOVA-like models for meta-analysis [77]. This consisted of a random effects model for combining studies within each subgroup and a fixed effect-model across subgroups [77]. Study-to-study variance (tau-squared) was considered not equal for all subgroups. This value was computed within subgroups but not pooled across subgroups. Planned categorical variables to examine *a priori* and in which each category had at least 3 g 's included: country in which the study was conducted

(USA, other), type of control group (non-intervention, other), matching procedures (yes, no), risk of bias assessment (sequence generation, allocation concealment, blinding, incomplete outcome data, outcome reporting bias according to low, high or unclear risk), type of analysis (per-protocol, intention-to-treat), provision of sample size estimates (yes, no), external funding for the study (yes, no), adverse events (yes, no), whether participants were allowed or required to have osteoporosis, whether they were allowed to be current cigarette smokers and/or consume alcohol (yes, no), changes in exercise habits beyond the exercise intervention (increase, decrease, no change), no prior exercise allowed versus some prior exercise but less than that recommended by the American College of Sports Medicine (yes, no) [8], whether calcium and/or vitamin D supplements were given during the study (yes, no), type of exercise (aerobic, strength, both), exercise delivery (supervised, unsupervised, both), type of reaction forces (ground, joint, both) and instrumentation (Hologic, Lunar). The two-tailed alpha value for a statistically significant difference between groups (Q_b) was set at $p \leq 0.05$ with values >0.05 but ≤ 0.10 considered as a trend. All moderator analyses were considered exploratory [78].

Meta-regression for FN and LS BMD

Simple mixed-effects, method of moments meta-regression was used to examine the potential association between changes in FN and LS BMD and continuous variables with at least 3 g 's [77]. Because of expected missing data for different variables from different studies, only simple meta-regression was planned and performed. Potential predictor variables, established *a priori*, included year of publication, percentage of drop-outs, age in years and years postmenopausal. For exercise training, variables for aerobic-only groups included length (weeks), frequency (days per week), intensity, expressed as a percentage of maximum oxygen consumption ($\%VO_{2max}$), percentage of maximal heart rate (MHR) or heart rate reserve (HRR), duration (minutes per session), minutes of training per week and compliance, defined as the percentage of exercise sessions attended. For strength training only groups, variables included: length (weeks), frequency (days per week), intensity, expressed as a percentage of one-repetition maximum ($\% 1RM$), number of sets, repetitions and exercises, rest between sets (seconds) and compliance (%). For those groups that performed both aerobic and strength training concurrently, variables included: length in weeks, frequency (days per week) and percent compliance. Other potential predictors included: load ratings and baseline BMD as well as changes in aerobic fitness, dynamic and static balance, calcium and vitamin D intake, lower and upper body strength, BMI in kg/m^2 ,

body weight, LBM, percent body fat and fat mass. The alpha value for a statistically significant association was set at ≤ 0.05 . Alpha values > 0.05 but ≤ 0.10 were considered as a trend for an association. All meta-regression analyses were considered exploratory [78].

Results

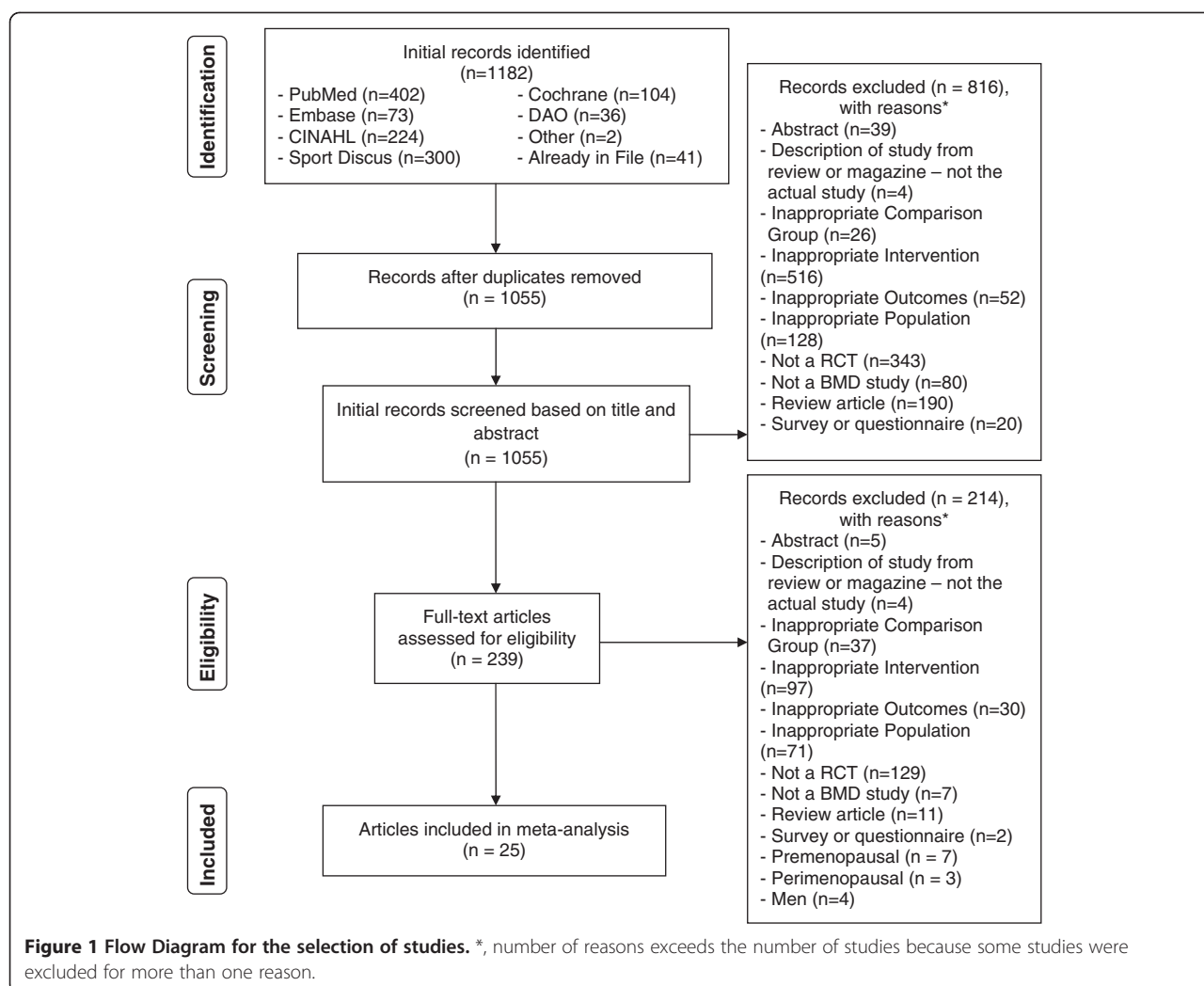
Study characteristics

A general description of the characteristics of each study is shown in Additional file 2. Of the 1,182 citations reviewed, 25 studies representing 63 groups (35 exercise, 28 control) and final assessment of FN and/or LS BMD in 1775 participants, were included [9-33]. One study's initial exercise inclusion criteria exceeded the exercise eligibility criteria for the current meta-analysis [23]. However, a decision was made to include this study because it was apparent upon further reading that the exercise levels of the participants met the eligibility criteria for the current meta-analysis [23]. Missing primary outcome data were successfully retrieved from three studies [10-12]. The number of exercise participants assessed was 991 while the number of controls assessed was 826. The total (1817) exceeds 1775 because one study had participants exercise one side of the body while the other side served as a control [23]. A description of the search process, including the reasons for excluded studies, is shown in Figure 1. The number of intervention and control groups exceeded the number of studies because some studies included more than one intervention and/or control group that met the inclusion criteria for the current meta-analysis. All studies were published in the English language between the years 1992 and 2011 [9-33]. Twenty-four (96%) were published in journals [9-18,20-33] while one was a dissertation [19]. With respect to country in which the study was conducted, six were performed in the United States [17,18,21,28-30], three in Australia [23,24,31], four in Canada [14,15,25,32], two each in either Brazil [11,12], Japan [20,33], Portugal [26,27], Sweden [10,16], or the United Kingdom [9,13], and one each in China [19] and Germany [22]. For types of controls, 11 studies (44%) used a non-intervention control group [9,11,12,16-19,26,27,29,32], while 14 others (56%) used a variety of comparative controls [10,13-15,20-25,28,30,31,33]. Seven of 25 studies (28%) [12,16-19,22,25] reported using the following matching procedures: (1) age [16,22], (2) use of menopausal hormone therapy [12,17], (3) gender [19], (4) BMD and bodyweight [18], (5) postural stability, baseline BMD at the total hip and bisphosphonate use [25]. None of the studies reported using a crossover design. For sample size justification, 12 studies (48%) reported data regarding such [9,10,12,14,16,19,21,22,25-27,30]. Nineteen studies (76%) reported receiving some type of external funding to conduct their study [9,13-17,19,21-31,33].

The dropout rate ranged from 0% to 43% for the 30 exercise groups for which data were available ($\bar{x} \pm SD = 17 \pm 12\%$, $Mdn = 12\%$) and 0% to 27% for the 24 control groups in which data were available for ($\bar{x} \pm SD = 13 \pm 7\%$, $Mdn = 15\%$). Twelve studies (52%) provided one or more of the following reasons for participants dropping out or for the investigative team to drop participants from the study: (1) personal health problems apparently unrelated to the intervention [13,16,17,26,27,29,30,33], (2) time [14,25,30], (3) lack of compliance to the exercise intervention [10,11], (4) personal issues not related to one's health [11,13,26,27,33], (5) lack of interest [26] and (6) moved [30]. Five studies (20%) reported that one or more participants experienced musculoskeletal pain and/or minor musculoskeletal injuries as a result of the exercise intervention [9,18,24,29,30]. For the other studies, a lack of complete data were available regarding any possible pain and/or injuries as a result of the interventions. No serious adverse events were reported.

Initial physical characteristics of the participants are shown in Table 1. Fourteen studies (56%) reported data on race/ethnicity with the majority of participants consisting of either whites [14,15,18,21,22,25-30] or Asians [19,20,33]. For medication usage, two studies (8%) included groups in which all participants were taking menopausal hormone therapy [9,17] while four studies (16%) reported that some participants in their groups were taking hormone therapy [12,18,25,30]. One study (4%) reported that some participants were taking bisphosphonates [25] while none reported the use of glucocorticoids. With regards to osteoporosis, one study (4%) was limited to participants with osteoporosis [20] while three (12%) reported that some participants had osteoporosis [10,22,25]. Six studies (24%) reported that some participants had osteopenia [10,14,25-27,30]. Ten studies (40%) reported that some participants smoked cigarettes [9,10,13,19,22,25-28,30], while two (8%) reported that some consumed alcohol [15,30]. One study (4%) reported that participants in the exercise intervention group increased their physical exercise outside the intervention while the control group decreased their physical activity [29]. Ten studies (40%) reported giving calcium to participants [10,14,17,20-22,24,28,30,31] whereas another two (8%) provided calcium to some participants [9,29]. Vitamin D was reportedly provided to participants in six studies (24%) [10,14,20-22,28]. A total of three studies (12%) reported that one or more participants had previous fractures [10,25,29].

Characteristics of the exercise programs from each group and each study are described in Additional file 2. As can be seen, the exercise interventions varied widely. Fourteen groups (40%) participated in exercise interventions that focused on joint reaction forces (for example, strength training) while 12 (34%) focused on ground reaction forces



(for example, aerobic exercises such as walking and jumping). Another nine groups (26%) included exercises that provided both joint and ground reaction forces. With the exception of four groups (11%) that performed either jumping or agility training, the remaining 31 (89%) focused on aerobic and/or strength training exercises. The load rating for the 28 groups in which data were available for calculation ranged from 9.4 to 340.5 ($\bar{x} \pm SD = 57.3 \pm 117.7$, $Mdn = 10$). The length of training across all groups ranged from 24 to 104 weeks ($\bar{x} \pm SD = 50.7 \pm 23.3$, $Mdn = 52$). A group summary of the characteristics for those studies that included aerobic and/or strength training is shown in Table 2.

Bone mineral density assessment information is shown in Additional file 2. With the exception of two earlier studies that used dual photon absorptiometry [18,28], all others used dual-energy x-ray absorptiometry to assess BMD at the FN and LS [9-17,19-27,29-33]. The two most common instruments used to assess FN and LS BMD were Hologic (48%) and Lunar (40%). For those studies that provided data

[9,13,14,16,20,22-27,30,32], coefficients of variation for the assessment of BMD ranged from 0.8% to 1.9% and 0.6% to 1.5%, respectively, for FN and LS BMD.

Risk of bias assessment

Risk of bias results are shown in Figure 2. As can be seen, the majority of studies were considered to be at low risk with respect to sequence generation and blinding and unclear risk for allocation concealment and incomplete outcome reporting. Approximately half of the studies were considered to be at either low or unclear risk for incomplete outcome data.

Primary outcomes

FN BMD

Overall, there was a statistically significant benefit of ground and/or joint reaction force exercise on FN BMD (Table 3, Figure 3). In addition, non-overlapping CIs were observed. The NNT was 6 with an estimated 127,968 postmenopausal US women experiencing

Table 1 Initial physical characteristics of participants

Variable	Exercise				Control			
	Groups (#)	$\bar{x} \pm SD$	Mdn	Range	Groups (#)	$\bar{x} \pm SD$	Mdn	Range
Age (yrs)	33	62.9 \pm 7.3	60	54 - 80	27	62.2 \pm 6.7	60	53 - 80
Height (cm)	22	161.5 \pm 3.3	162	152 - 165	19	161.4 \pm 3.2	162	152 - 165
Postmenopausal (yrs)	26	13.8 \pm 8	11	3 - 30	21	12.9 \pm 7.1	10	4 - 30
Body weight (kg)	28	66.4 \pm 6.6	68	46 - 78	23	67.2 \pm 7.9	68	46 - 84
Body mass index (kg/m ²)	21	25.6 \pm 2.2	26	20 - 29	18	25.6 \pm 2.6	26	20 - 31
Lean body mass (kg)	18	39.2 \pm 2.2	39	35 - 43	13	39.1 \pm 1.9	39	35 - 42
Fat mass (kg)	6	22.1 \pm 5.3	21	17 - 32	4	24.0 \pm 8.5	23	15 - 35
Body fat (%)	15	39.3 \pm 3.2	39	31 - 44	12	39.1 \pm 3.5	39	31 - 46
Calcium intake (mg)	12	846 \pm 179	832	609 - 1214	10	868 \pm 213	829	626 - 1190
Vitamin D (mcg)	5	5.6 \pm 5.1	2	2 - 12	4	5.3 \pm 3.9	5	2 - 9
BMD (g/cm ²)								
- Femoral neck	27	0.749 \pm 0.094	0.720	0.580 - 0.925	24	0.766 \pm 0.095	0.770	0.590 - 0.927
- Lumbar spine	28	0.957 \pm 0.158	0.966	0.595 - 1.180	24	1.00 \pm 0.100	1.00	0.600 - 1.200
- Ward's triangle	8	0.591 \pm 0.089	0.575	0.441 - 0.730	6	0.605 \pm 0.097	0.598	0.474 - 0.760
- Total hip	13	0.802 \pm 0.093	0.840	0.670 - 0.940	11	0.843 \pm 0.092	0.869	0.690 - 1.00
- Trochanteric	20	0.659 \pm 0.085	0.650	0.510 - 0.806	16	0.682 \pm 0.085	0.685	0.520 - 0.840
- Intertrochanteric	11	0.959 \pm 0.076	0.986	0.820 - 1.035	7	0.979 \pm 0.068	0.990	0.850 - 1.00
- Whole body	8	1.033 \pm 0.073	0.99	0.970 - 1.130	7	1.043 \pm 0.070	1.002	0.980 - 1.130
- Radius - 1/3	4	0.600 \pm 0.028	0.610	0.560 - 0.620	3	0.603 \pm 0.012	0.610	0.590 - 0.610
- Radius - mid	4	0.523 \pm 0.015	0.530	0.500 - 0.530	3	0.520 \pm 0.017	0.530	0.500 - 0.530
- Radius - ultradistal	4	0.363 \pm 0.005	0.360	0.360 - 0.370	3	0.363 \pm 0.006	0.360	0.360 - 0.370

Notes: Groups (#), number of groups in which data were available; $\bar{x} \pm SD$, mean \pm standard deviation; Mdn, Median; BMD, bone mineral density; Baseline data for aerobic fitness, balance and muscular strength not reported because of the different metrics used in the studies.

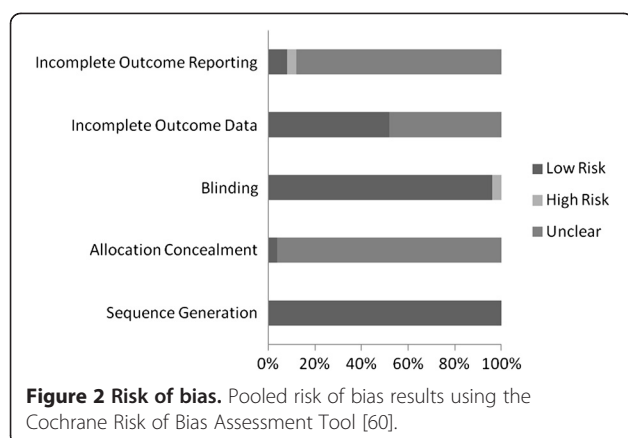
benefit in FN BMD if they began and maintained a regular exercise program. A moderate but statistically significant amount of heterogeneity was observed as well as overlapping prediction intervals. No adjustment for

publication bias was needed. With each study deleted from the model once, results remained statistically significant across all deletions (Figure 4). The difference in g between the largest and smallest values with each

Table 2 Training program characteristics for aerobic, strength and aerobic + strength training interventions

Variable	Aerobic				Strength				Aerobic + Strength			
	Groups (#)	$\bar{x} \pm SD$	Mdn	Range	Groups (#)	$\bar{x} \pm SD$	Mdn	Range	Groups (#)	$\bar{x} \pm SD$	Mdn	Range
Length (weeks)	9	52 \pm 22	52	24-104	14	46 \pm 21	52	24-104	10	58 \pm 29	52	24-104
Frequency (days/week)	8	3 \pm 1	3	3-4	14	3 \pm 1	3	3-6	9	3 \pm 1	3	2-7
Intensity*	4	55 \pm 14	59	36-68	6	63 \pm 26	73	15-85	-	-	-	-
Duration (min/sessions)	6	34 \pm 12	38	10-30	-	-	-	-	-	-	-	-
Minutes (per week)	6	103 \pm 37	113	60-135	-	-	-	-	-	-	-	-
Minutes (per week adjusted)	5	79 \pm 33	71	48-113	-	-	-	-	-	-	-	-
Sets (#)	NA	NA	NA	NA	12	3 \pm 1	3	1-5	5	2 \pm 0.4	2	2-3
Repetitions (#)	NA	NA	NA	NA	9	12 \pm 8	10	8-30	-	-	-	-
Rest between sets (sec.)	NA	NA	NA	NA	4	75 \pm 57	90	0-120	-	-	-	-
Exercises (#)	NA	NA	NA	NA	14	8 \pm 4	9	1-12	5	8 \pm 3	7	4-12
Compliance (%)	7	75 \pm 16	80	39-84	10	83 \pm 5	85	74-90	7	76 \pm 11	77	59-95

Groups (#), number of groups in which data were available; $\bar{x} \pm SD$, mean \pm standard deviation; Mdn, Median; *, intensity expressed as a percentage of maximum oxygen consumption for aerobic groups and percentage of one-repetition maximum for strength training groups; -, insufficient data to calculate; NA, not applicable.



study deleted from the model was 0.081 (26.0%). With two outliers removed [11,21], results remained statistically significant ($g=0.207$, 95% CI = 0.076, 0.338, $p=0.002$) and heterogeneity, while statistically significant ($Q=42.2$, $p=0.02$), was reduced to 40.7%.

Improvements in FN BMD also remained statistically significant when data were collapsed so that only one g represented each study ($g=0.343$, 95% CI = 0.129, 0.556, $p=0.002$, $Q=85.5$, $p<0.0001$, $I^2=76.6\%$). Cumulative meta-analysis, ranked by year, demonstrated that results have been statistically significant, or there has been a trend for statistical significance, since 2000 (Figure 5).

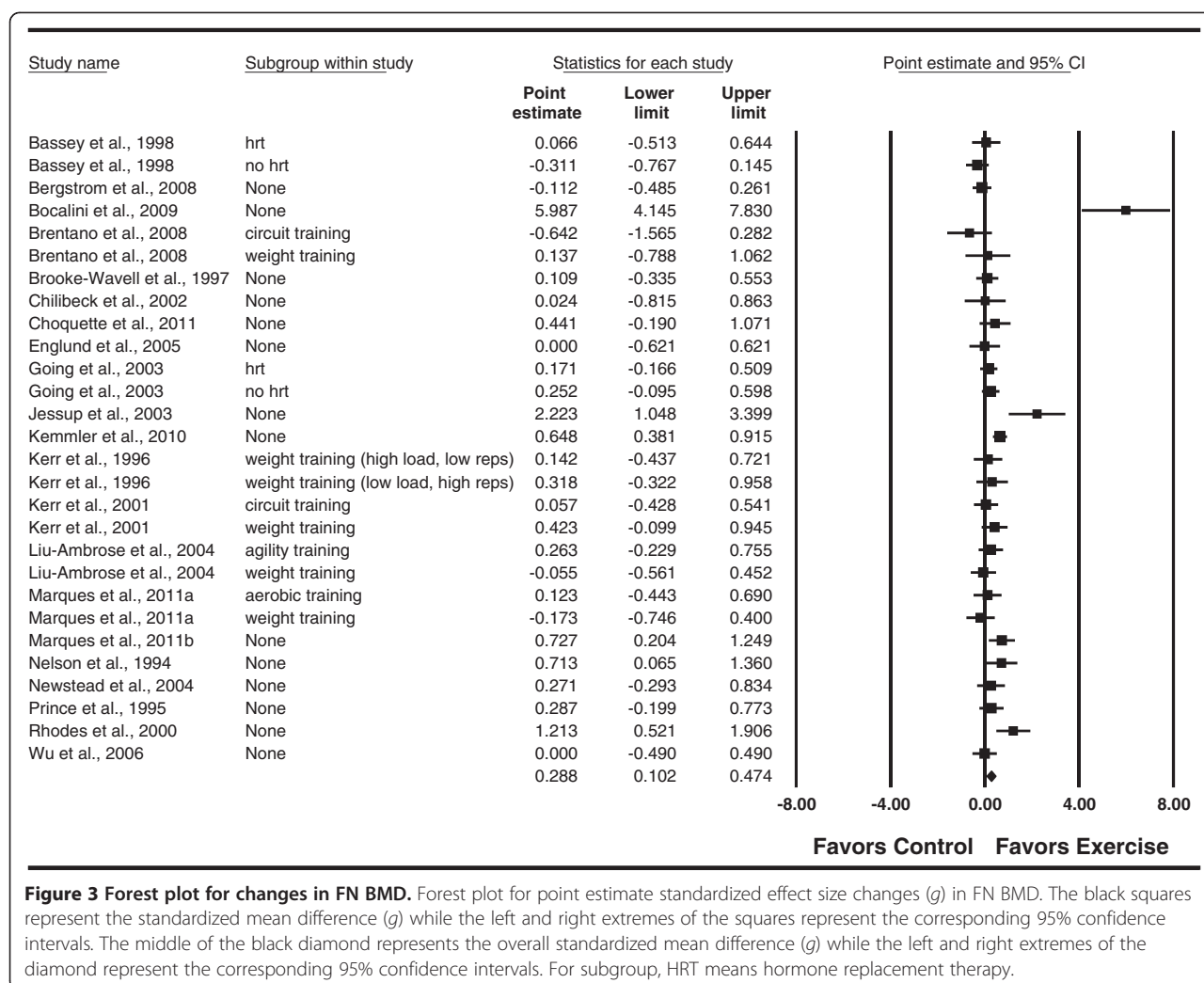
Moderator analysis for changes in FN BMD is shown in Additional file 3. As can be seen, no statistically significant between-group differences (Q_b) were found for those *a priori* comparisons for which sufficient data were available.

Meta-regression analyses for changes in FN BMD are shown in Additional file 4. As can be seen, there was a statistically significant association between increases in FN BMD and decreased compliance (combined aerobic and strength training groups only), decreases in BMI, decreases in body weight and decreases in percent body fat. A trend for a statistically significant association was observed for increases in FN BMD and increases in

Table 3 Changes in primary and secondary outcomes

Variable ^a	Studies (#)	ES (#)	Participants (#)	\bar{x} (95% CI)	Z(p)	Q(p)	I ² (%)	95% PI
Primary								
- Femoral neck	21	28	1632	0.288 (0.102, 0.474)	3.03(0.002)*	90.5($p<0.0001$)*	70.1	-0.568, 1.142
- Lumbar spine	21	28	1504	0.179 (-0.003, 0.361)	1.93(0.05)*	77.7($p<0.0001$)*	65.3	-0.614, 0.972
Secondary								
- Ward's triangle	6	8	252	0.260 (-0.405, 0.613)	0.40(0.69)	28.1($p<0.0001$)*	75.1	-1.567, 1.775
- Total hip	10	14	734	0.232 (0.073, 0.391)	2.86(0.004)*	17.6(0.18)	26.0	-0.149, 0.613
- Trochanteric	14	21	1085	0.222 (0.107, 0.337)	3.79($p<0.0001$)*	18.3(0.57)	0	0.099, 0.345
- Intertrochanteric	6	10	399	0.241 (0.058, 0.425)	2.58(0.01)*	8.3(0.50)	0	0.024, 0.458
- Whole body	6	7	246	0.121 (-0.055, 0.298)	1.35(0.18)	2.7(0.85)	0	-0.110, 0.352
- Radius - 1/3	2	4	182	0.048 (-0.329, 0.424)	0.25(0.81)	5.8(0.12)	48.2	-1.365, 1.461
- Radius - mid	2	4	182	0.153 (-0.262, 0.568)	0.72(0.47)	7.0(0.07)**	57.2	-1.496, 1.802
- Radius - ultradistal	2	4	182	0.263 (-0.239, 0.765)	1.03(0.31)	10.1(0.02)*	70.3	-1.886, 2.412
- Aerobic fitness	5	8	198	1.146 (0.31, 1.930)	2.86(0.004)*	47.0($p<0.0001$)*	85.1	-1.539, 3.831
- Dynamic balance	4	5	95	1.39 (0.766, 2.014)	4.37($p<0.0001$)*	18.9(0.001)*	78.9	-0.856, 3.636
- Static balance	5	7	112	0.841 (0.228, 1.454)	2.69(0.007)*	40.9($p<0.0001$)*	85.3	-1.254, 2.936
- Body weight (kg)	11	17	594	-0.03 (-0.4, 0.4)	-0.15(0.88)	13.0(0.67)	0	-0.5, 0.4
- Body mass index (kg/m ²)	8	11	511	-0.2 (-0.8, 0.4)	-0.69(0.49)	109.9($p<0.0001$)*	90.9	-2.3, 1.9
- Lean body mass (kg)	7	10	461	0.4 (-0.06, 0.9)	1.72(0.09)**	23.8(0.005)*	62.1	-1.0, 1.9
- Fat mass (kg)	4	6	230	-0.5 (-1.2, 0.2)	-1.48(0.14)	11.0(0.05)*	54.6	-2.4, 1.4
- Body fat (%)	5	7	211	-1.7 (-2.8, -0.8)	-3.58($p<0.0001$)*	13.1(0.04)*	54.1	-4.4, 0.8
- Strength (upper body)	7	9	300	2.01 (1.08, 2.95)	4.24($p<0.0001$)*	97.8($p<0.0001$)*	97.8	-1.33, 5.36
- Strength (lower body)	9	12	482	1.58 (0.91, 2.24)	4.67($p<0.0001$)*	120.9($p<0.0001$)*	90.9	-1.00, 4.10
- Calcium intake (mg)	5	7	319	10.1 (-15.8, 35.9)	0.76(0.45)	0.3(1.0)	0	-23.9, 44.0
- Vitamin D (mcg)	-	-	-	-	-	-	-	-

Notes: ^aUnless noted otherwise, all outcomes are reported as standardized effect size (g); ES, effect size; #, number; Z(p), z-score and alpha value; Q(p), Cochran's Q statistic and alpha value; I² (%), I-squared; PI, prediction intervals. *, statistically significant ($p\leq 0.05$); **trend for statistical significance ($p>0.05$ to ≤ 0.10); -, Insufficient data reported (< 3 ES's).



intensity (strength only), increased compliance (strength training group only) and increases in static balance.

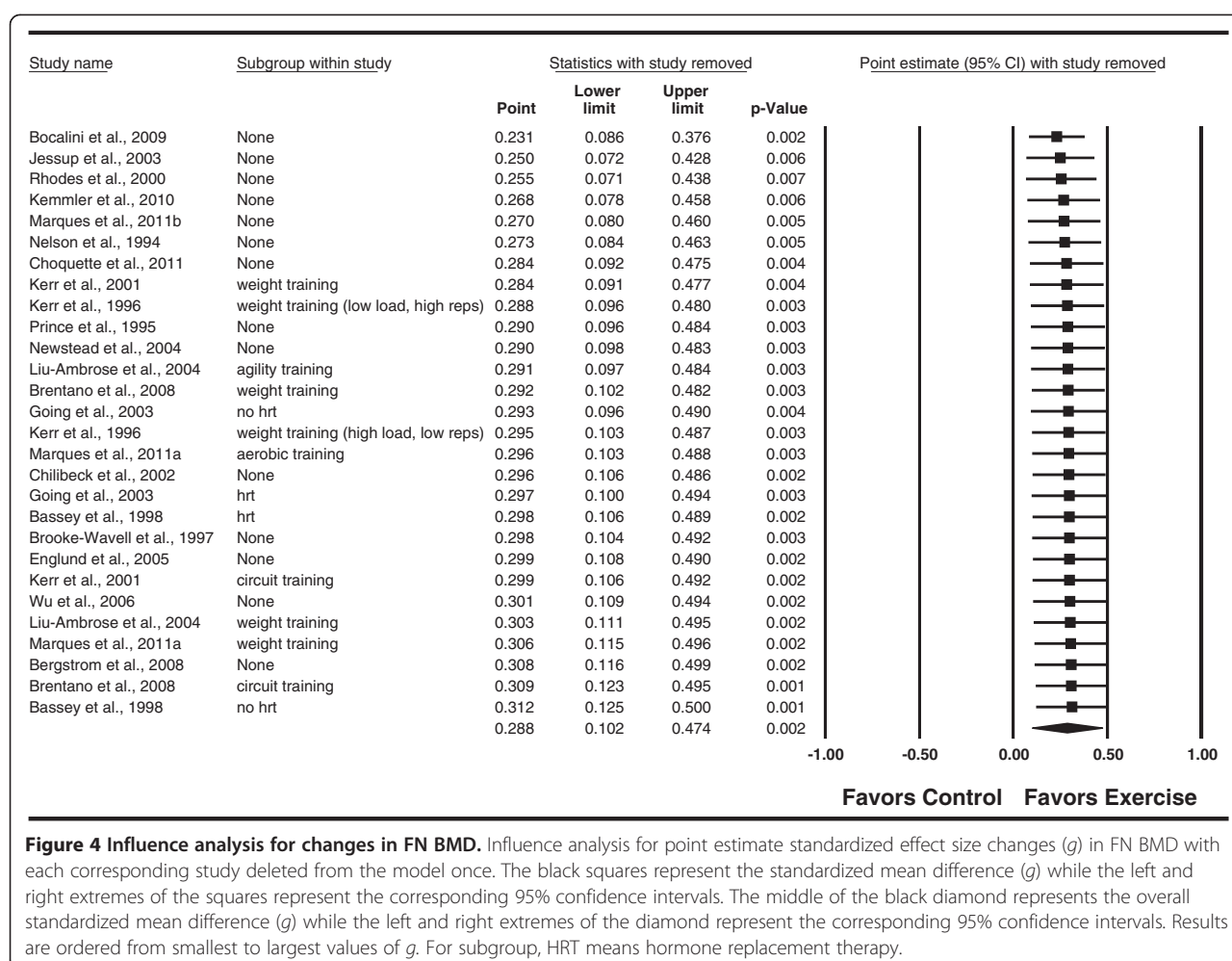
LS BMD

Overall, there was a statistically significant benefit in LS BMD but slightly overlapping 95% CIs (Table 3, Figure 6). The NNT was 6 with an estimated 80,219 postmenopausal US women maintaining and/or increasing their LS BMD if they began and maintained a regular exercise program. A moderate and statistically significant amount of heterogeneity was observed as well as overlapping prediction intervals. No adjustment for publication bias was needed. With the exception of one study [11], an outlier, results remained statistically significant or there was a trend for statistical significance when each study was deleted from the model once (Figure 7). The difference in *g* between the largest and smallest values was 0.084 (41%) when each study was deleted. With the one outlier deleted from the model, the alpha value for *g* increased to 0.12 and heterogeneity,

while still statistically significant ($Q = 42.2$, $p = 0.02$), was reduced to 48.5%. The benefits in LS BMD remained statistically significant when data were collapsed so that only one *g* represented each study ($g = 0.231$, 95% CI = 0.026, 0.435, $p = 0.03$, $Q = 71.1$, $p < 0.0001$, $I^2 = 71.9\%$). Cumulative meta-analysis, ranked by year, demonstrated that results have been statistically significant, or there has been a trend for statistical significance, since 2009 (Figure 8).

Moderator analysis for changes in LS BMD is shown in Additional file 3. As can be seen, no statistically significant between-group differences (Q_b) were found for those *a priori* comparisons in which sufficient data were available.

Meta-regression analyses for changes in LS BMD are shown in Additional file 4. As shown, there was a statistically significant association between increases in LS BMD and older age, greater number of years postmenopausal, fewer minutes of training per session (aerobic groups only), fewer minutes of training per week, greater



intensity of training (strength only), increased compliance (strength only), decreased compliance (combined aerobic and strength training only), increases in static balance, decreases in BMI, body weight and percent body fat. A trend for a statistically significant association was found between increases in LS BMD and smaller increases in aerobic fitness as well as increases in lean body mass.

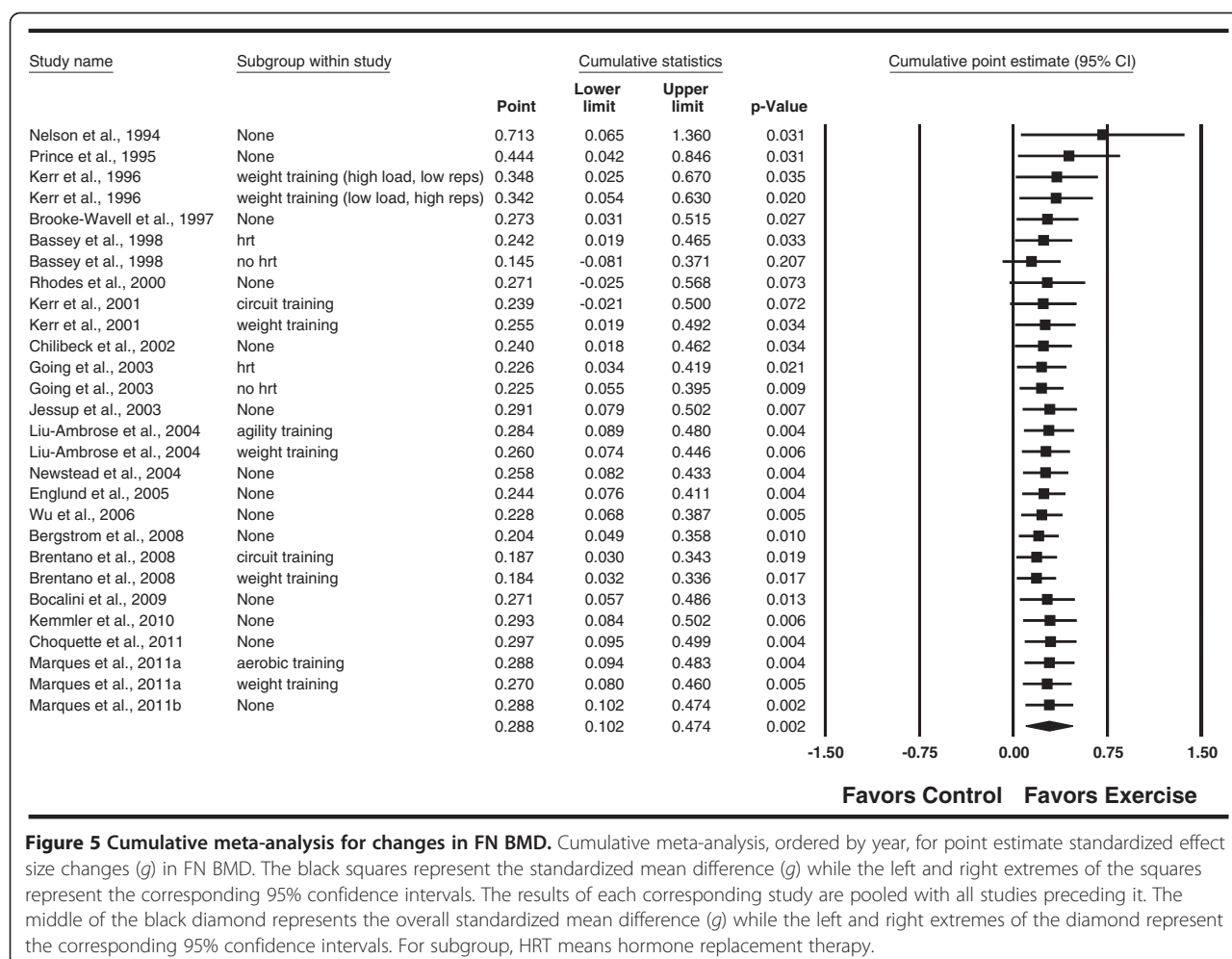
Secondary outcomes

Changes in secondary outcomes are shown in Table 3. As can be seen there was a statistically significant benefit in BMD at the total hip, trochanteric and intertrochanteric regions. A non-significant and small to nil amount of heterogeneity was observed for all three outcomes. In addition, non-overlapping prediction intervals were observed for the trochanteric region. Furthermore, large, statistically significant improvements as well as statistically significant and large amounts of heterogeneity were found for aerobic fitness, dynamic and static balance. For body composition, a trend for statistically significant

increases in LBM along with a statistically significant and moderate amount of heterogeneity was observed. A statistically significant decrease as well as a statistically significant and moderate amount of heterogeneity was also observed for percent body fat. For both upper and lower body strength, large, statistically significant increases were observed as well as large and statistically significant amounts of heterogeneity. Insufficient data were available to examine differences in fractures between the exercise and control groups.

Discussion

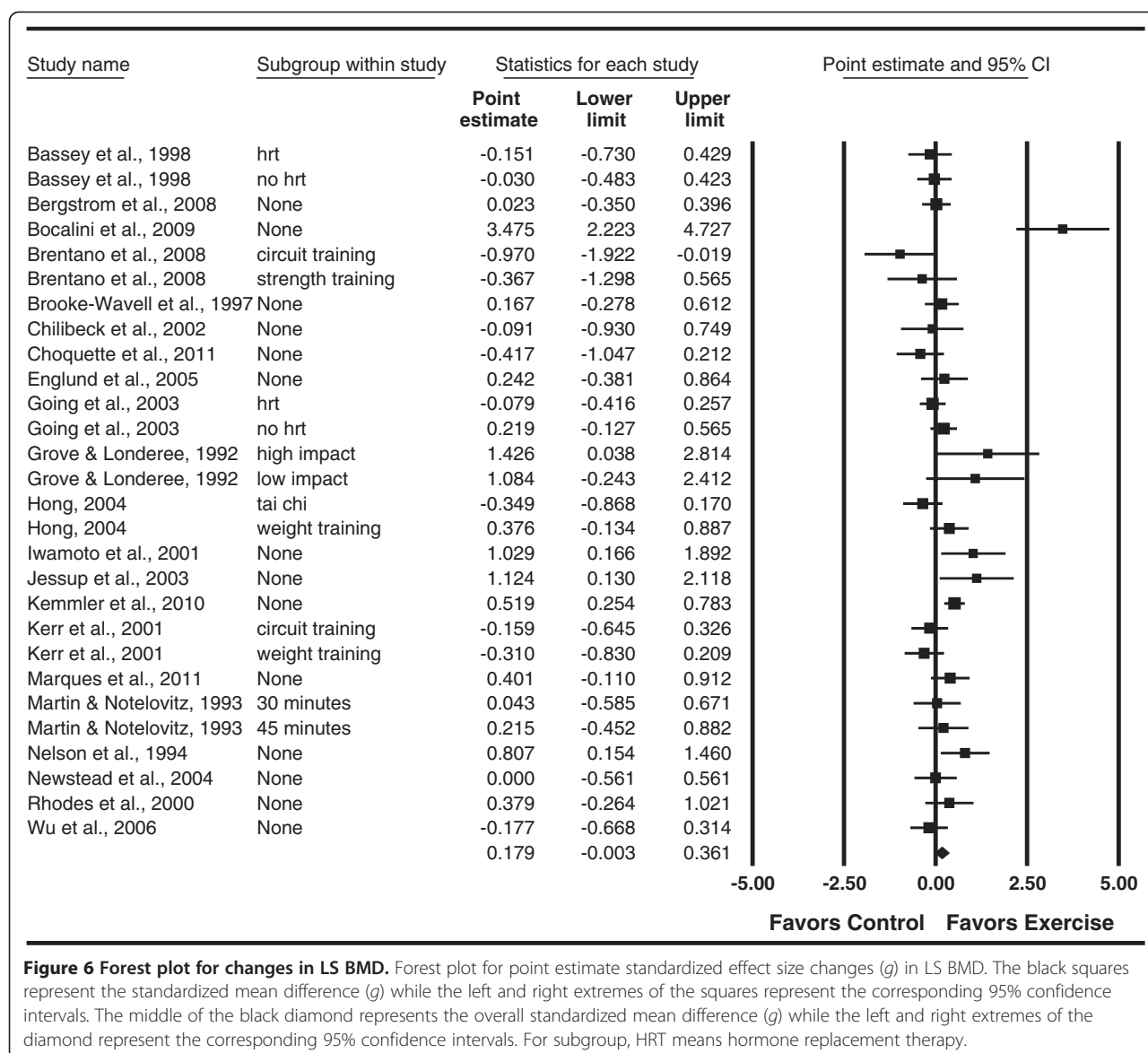
The purpose of this study was to use the aggregate data meta-analytic approach to determine the effects of ground and/or joint reaction force exercise on BMD at the FN and LS in postmenopausal women participating in exercise levels below that currently recommended for bone health [8]. The overall results suggest that ground and joint reaction force exercise may result in clinically important benefits in FN and LS BMD, with results more convincing for FN BMD. These findings are



similar to those from three [48,51,53] of four [37,48,51,53] previous meta-analyses for FN BMD and four [37,39,48,53] of five [37,39,48,51,53] previous meta-analyses for LS BMD, all of which included both ground and joint reaction force exercises from randomized controlled trials in postmenopausal women. Further support for the overall findings of the current meta-analysis were strengthened by the robustness of results when data were collapsed so that only one g represented each study as well as when examined for publication bias. When each study was deleted from the model once, results remained statistically significant for FN BMD across all deletions but were no longer statistically significant for LS BMD ($p = 0.12$) when one study was deleted from the model [11]. From a stability perspective, the statistical significance of findings has been consistent over a longer period of time for BMD at the FN (2000) versus LS (2009). Thus, the changes in BMD appear to be more convincing for FN versus LS BMD. This may have to do with the possibility that the exercise protocols employed were more specific to the FN versus LS.

While random-effects models that incorporate heterogeneity into the analysis were used, it is still important to point out that heterogeneity was observed for both FN and LS BMD. The existence of heterogeneity in meta-analysis is not only common [79], but also important, as there is no need to combine studies exactly alike since their findings, within statistical error, would be the same [80]. In addition, prediction intervals for estimating the expected results of a new trial included zero for both FN and LS BMD. However, these values should not be confused with confidence intervals since prediction intervals are based on a random mean effect while confidence intervals are not [73]. Nevertheless, these prediction intervals may be beneficial for future researchers interested in conducting randomized controlled intervention trials addressing the effects of ground and/or joint reaction force exercise on FN and LS BMD in postmenopausal women.

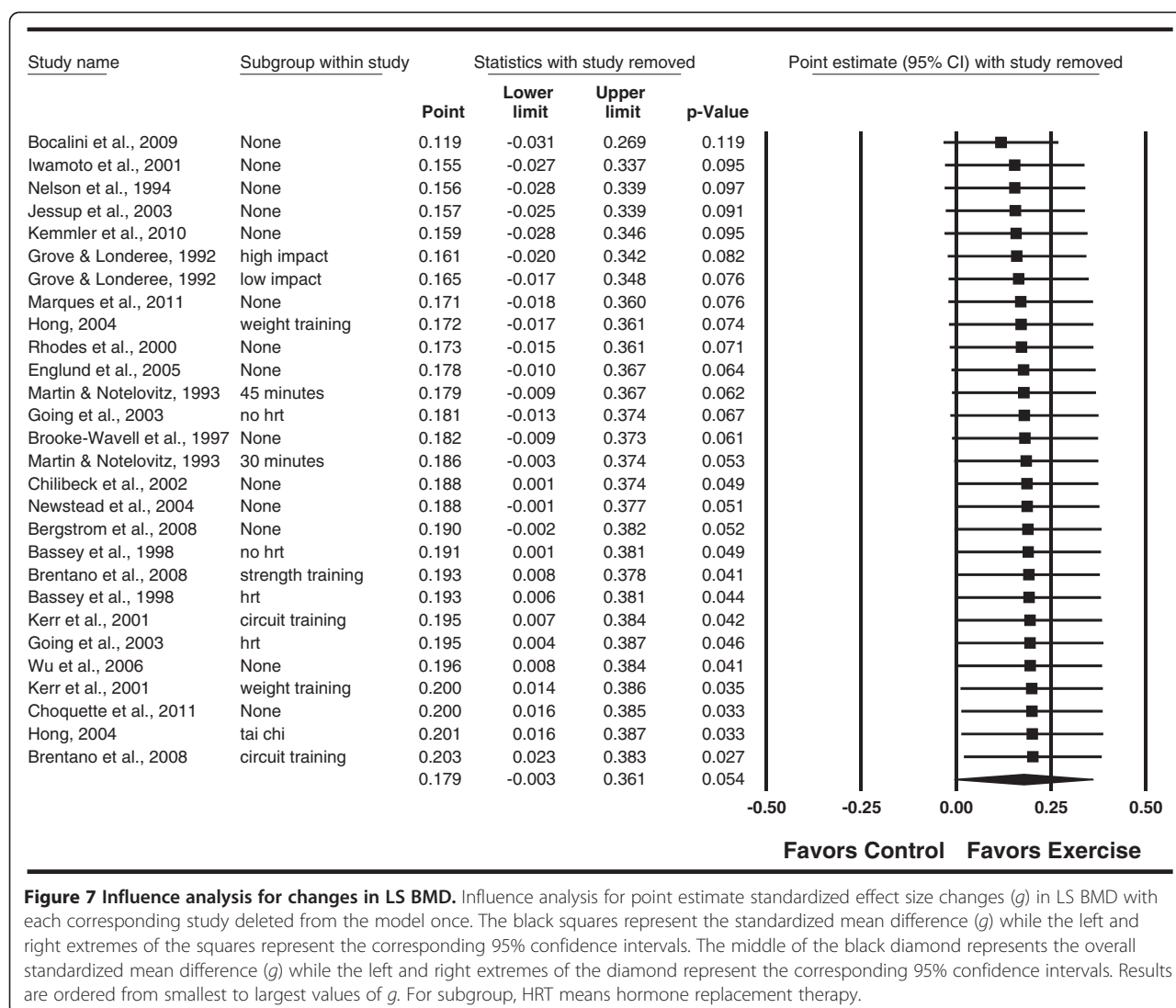
While the magnitude of change in FN and LS BMD might be considered small at the FN and trivial at the LS, they appear to be clinically important. For example, based on previous prediction models [81], the exercise-



induced changes in BMD observed at the FN and LS in the current meta-analysis would reduce the 20-year relative risk of osteoporotic fracture at any site by approximately 11% and 10%, respectively. However, the observed benefits of exercise on FN ($g=0.29$) and LS ($g=0.18$) BMD in the current meta-analysis were smaller than those previously reported for pharmacologic interventions (alendronate, calcitonin, etidronate, hormone therapy, raloxifene, risedronate) at both the hip (range of $g=0.64$ to 5.74) and LS (range of $g=0.90$ to 8.90) [82]. The exercise-induced benefits on FN and LS BMD also appear to be similar to or smaller than those observed for calcium and vitamin D supplementation (g for calcium = 0.45 at the hip and 1.57 at the LS; g for vitamin D = 0.47 at the hip and 0.20 at the LS) [82]. However, the use of pharmacological and nutritional

interventions should be considered with respect to several factors. These include: (1) the potential adverse effects of pharmacologic agents [83], (2) that participants included in previous pharmacological and nutritional intervention studies had generally lower initial levels of BMD than participants included in the current exercise meta-analysis [83], and (3) that exercise results in numerous other benefits not realized with pharmacologic and nutritional interventions [84], for example, increases in balance and a subsequent reduction in falls [85]. Given the former, the current recommendations of lifestyle changes such as exercise and adequate calcium and vitamin D intake prior to pharmacological intervention appear to be appropriate [6].

The focus of the present meta-analysis has been on the use of the traditional alpha value for statistical significance

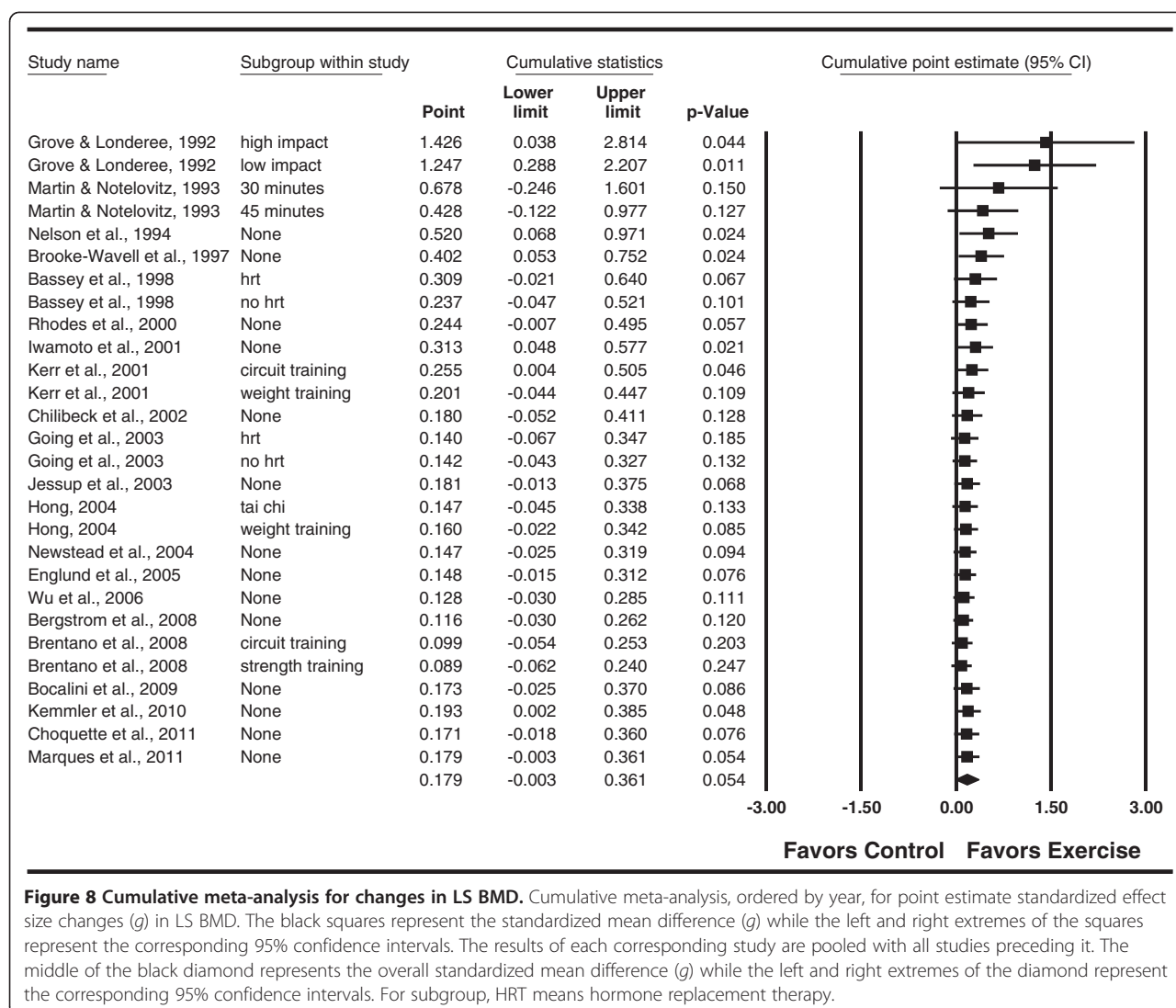


($p \leq 0.05$) and 95% CI. However, it has been suggested that rather than focus on the term statistically significant and alpha value cutpoints, one should report the exact alpha value and use 90% CI to determine clinical relevance within the range of the 90% interval [86]. Using the 90% CI approach, the interval no longer included zero (0) for changes in LS BMD (0.026 to 0.332) and ranged from 0.132 to 0.444 for changes in FN BMD.

No statistically significant between-group differences were found when mixed-effects ANOVA was conducted for changes in FN and LS BMD partitioned by a large number of categorical variables. However, while no statistically significant between-group differences were noted, changes in FN BMD were smaller for ground ($g = 0.088$) versus joint ($g = 0.420$) and combined joint and ground reaction force exercise ($g = 0.398$).

Several interesting associations were found when simple meta-regression was performed for changes in FN and LS

BMD. For ease of reading, statistically significant findings ($p < 0.05$) as well as trends for statistical significance (> 0.05 but ≤ 0.10) are discussed collectively. For both FN and LS BMD, greater increases were associated with both greater intensity and compliance in the strength training (joint-reaction force) groups. These findings suggest that greater loads per repetition as well as greater adherence may provide greater benefit to FN and LS BMD. Greater improvements in both FN and LS BMD were also associated with increases in static balance. These associations may be especially important for reducing the risk of falling as well as subsequent fracture risk. Greater increases in both FN and LS BMD were also associated with decreases in BMI, body weight and percent body fat. In addition, increases in LS BMD were associated with increases in LBM. All of these associations may be reflective of greater exercise effort. The inverse association between increases in both FN and LS BMD with poorer compliance to



aerobic and strength training protocols may be nothing more than the play of chance. Alternatively, studies with poorer compliance may have yielded greater benefits in FN and LS BMD because of the greater overall volume of training prescribed. For LS BMD, the positive association between increases in LS BMD and older age as well as a greater number of years postmenopausal may be the result of lower initial levels of BMD. However, we found no association between baseline LS BMD and changes in LS BMD. The negative associations between increases in LS BMD with shorter duration and total minutes of training per week for aerobic exercise studies may help to reinforce the belief that shorter duration activities such as jumping may be more beneficial to LS BMD than activities such as walking [7]. One potential reason for this negative association may be the result of calcium loss from excessive sweating in longer duration and/or higher intensity activities [87,88]. This causes a decrease in serum calcium

followed by an increase in serum parathyroid hormone, which then stimulates bone resorption [87,88]. While these findings are interesting, further research is needed before any firm conclusions can be drawn.

In addition to changes in FN and LS BMD, statistically significant improvements were found for several secondary outcomes. These included increases in BMD (total hip, trochanteric, intertrochanteric), aerobic fitness, dynamic and static balance, lean body mass and both upper and lower body strength. Statistically significant decreases in percent body fat were also found. These findings reinforce the many benefits that can be derived from exercise programs [84]. The former notwithstanding, the results for secondary outcomes should be interpreted with caution since they were only included if FN and/or LS BMD data were reported. Consequently, secondary outcomes in meta-analysis may not comprise a representative sample.

A major interest of the investigative team was to examine the dose–response relationship between changes in FN and LS BMD and exercise load ratings in postmenopausal women. While we found no significant association between changes in FN and LS BMD and load ratings, these associations were based on general categorical estimates versus estimates specific to each activity [59]. The decision to use categorical estimates was based on the inability to accurately calculate load ratings for those studies that involved multiple types of activities. In addition, the algorithm used requires further testing, improvement and validation [59]. Future research should also focus on developing formulas for accurately calculating load ratings from data typically provided in randomized controlled intervention trials. Ideally, individual studies should collect and report force data in all exercise interventions. However, the accurate measurement of such may be challenging for some activities [7]. Until additional dose–response research is conducted, it would appear plausible to suggest that postmenopausal women adhere to the exercise guidelines from the American College of Sports Medicine [8]. These include weight-bearing endurance activities 3 to 5 times per week as well as resistance exercise 2 to 3 times per week [8]. However, it will be particularly important for future dose–response studies to determine whether increased duration of aerobic exercise diminishes the potential skeletal benefits, as suggested by the current regression analyses.

The results of this meta-analysis should be viewed with respect to several potential limitations. First, because studies are not randomly assigned to covariates, they are considered to be observational in nature. Therefore, the results of moderator and regression analyses conducted in this or any other meta-analysis do not support causal inferences [78]. Second, because a large number of statistical tests were conducted, some statistically significant results could have been nothing more than the play of chance. However, as suggested by Rothman [89], no adjustment was made for multiple tests because of the concern about missing possibly important findings. Third, because of a lack of data, a common occurrence in meta-analysis, the research team was unable to examine several variables, thereby compromising the thoroughness of the study. With the former in mind, it is suggested that future randomized controlled trials addressing the effects of ground and/or joint reaction force exercise on FN and LS BMD in postmenopausal women include information regarding study design (allocation concealment, incomplete outcome data, verification that all outcomes planned to be assessed are reported), participant characteristics (adverse events, whether the participants had osteoporosis, cigarette smoking, alcohol consumption, change in exercise habits outside the intervention) and exercise intervention characteristics

(intensity, how exercise was delivered). Fourth, future studies should provide more specific information regarding their exercise cutpoints for enrolling participants in their studies. The heterogeneity of reporting found in the current meta-analysis is not surprising. In a systematic review of the different definitions of sedentary for screening participants for entrance into physical activity intervention trials, Bennett et al. [90], found that the definition of sedentary ranged from less than 20 to less than 150 minutes per week minutes of physical activity and that few studies reported the type and intensity of physical activity used to screen participants. While such varied definitions may make it difficult to generalize findings, the current meta-analysis, to the best of the authors' knowledge, is the first one on exercise and BMD in women to limit the inclusion of studies to those in which participants were not currently meeting exercise recommendations for bone health [8]. Fifth, given the potential advantage of high resolution peripheral quantitative computed tomography (HR-pQCT) for detecting microarchitectural changes in bone [91], it would appear plausible to suggest that future exercise intervention studies should use this technology so as to better understand the exercise-induced changes that may occur in bone. Finally, consistent with recommendations from the 2008 Physical Activity Guidelines Report, there continues to be a need for large randomized controlled trials to determine whether fracture incidence is decreased as a result of ground and/or joint reaction force exercise [7].

Conclusions

The overall findings of this aggregate data meta-analysis suggest that exercise may result in clinically relevant benefits to FN and LS BMD in postmenopausal women. Several observed and important associations appear worthy of further investigation in well-designed randomized controlled trials.

Additional files

Additional file 1: Example of search strategy for one database search (SPORTDiscus). This additional file describes the search strategy used searching the SPORTDiscus database for randomized controlled trials dealing with the effects of exercise on bone mineral density in adults.

Additional file 2: General characteristics of included studies. This additional file provides a description of the general characteristics of studies that met the inclusion criteria for the meta-analysis.

Additional file 3: Table of moderator analyses results for FN and LS BMD. This additional file provides a table of results for all moderator analyses that were conducted for categorical variables and changes in femoral neck and lumbar spine bone mineral density.

Additional file 4: Table of meta-regression results for changes in FN and LS BMD. This additional file provides a table of results for all regression analyses that were conducted for changes in femoral neck and lumbar spine bone mineral density.

Competing interests

The authors declare that they have no competing interests.

Authors' contributions

GAK was responsible for the conception and design, acquisition of data, analysis and interpretation of data, drafting the initial manuscript and revising it critically for important intellectual content. KSK was responsible for the conception and design, acquisition of data, and reviewing all drafts of the manuscript. WMK was responsible for the conception and design, interpretation of data and reviewing all drafts of the manuscript. All authors read and approved the final manuscript.

Authors' information

GAK has more than 15 years of successful experience in the design and conduct of all aspects of meta-analysis, including the effects of chronic exercise on bone mineral density in adult humans. KSK has more than 12 years of successful experience in conducting meta-analysis, including the effects of chronic exercise on bone mineral density in adult humans. WMK is a leading authority on the effects of exercise on bone mineral density.

Acknowledgements

This study was supported by grant #W81XWH-10-1-0276 from the United States Department of Defense, Army Medical Research & Materiel Command (G.A. Kelley, Principal Investigator).

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Received: 11 May 2012 Accepted: 14 September 2012

Published: 20 September 2012

References

- Kanis JA, on behalf of the World Health Organization Scientific Group: *Assessment of osteoporosis at the primary health-care level. Technical Report*. UK: World Health Organization Collaborating Centre for Metabolic Bone Diseases, University of Sheffield; 2007:1–339. Printed by the University of Sheffield.
- Johnell O, Kanis JA: **An estimate of the worldwide prevalence and disability associated with osteoporotic fractures.** *Osteoporos Int* 2006, **17**:1726–1733.
- Kanis JA: **Diagnosis of osteoporosis and assessment of fracture risk.** *Lancet* 2002, **359**:1929–1936.
- Burge R, Dawson-Hughes B, Solomon DH, Wong JB, King A, Tosteson A: **Incidence and economic burden of osteoporosis-related fractures in the United States, 2005–2025.** *J Bone Miner Res* 2007, **22**:465–475.
- Prevention of Osteoporosis.* <http://www.iofbonehealth.org/patients-public/about-osteoporosis/prevention.html>.
- National Osteoporosis Foundation: *Prevention and Healthy Living*. Washington, DC: National Osteoporosis Foundation; 2012.
- Physical Activity Guidelines Advisory Committee: *Physical Activity Guidelines Advisory Report*. Washington, DC: U.S. Department of Health and Human Services; 2008.
- Kohrt WM, Bloomfield SA, Little KD, Nelson ME, Yingling VR: **American College of Sports Medicine Position Stand: physical activity and bone health.** *Med Sci Sports Exerc* 2004, **36**:1985–1996.
- Bassey EJ, Rothwell MC, Littlewood JJ, Pye DW: **Pre- and postmenopausal women have different bone mineral density responses to the same high-impact exercise.** *J Bone Miner Res* 1998, **13**:1805–1813.
- Bergstrom I, Landgren B, Brinck J, Freyschuss B: **Physical training preserves bone mineral density in postmenopausal women with forearm fractures and low bone mineral density.** *Osteoporos Int* 2008, **19**:177–183.
- Bocalini DS, Serra AJ, Dos SL, Murad N, Levy RF: **Strength training preserves the bone mineral density of postmenopausal women without hormone replacement therapy.** *J Aging Health* 2009, **21**:519–527.
- Brentano MA, Cadore EL, da Silva EM, Ambrosini AB, Coertjens M, Petkowicz R, Viero I, Kruel LF: **Physiological adaptations to strength and circuit training in postmenopausal women with bone loss.** *J Strength Cond Res* 2008, **22**:1816–1825.
- Brooke-Wavell KSF, Jones PRM, Hardman AE: **Brisk walking reduces calcaneal bone loss in post-menopausal women.** *Clin Sci* 1997, **92**:75–80.
- Chilibeck PD, Davison KS, Whiting SJ, Suzuki Y, Janzen CL, Peloso P: **The effect of strength training combined with bisphosphonate (etidronate) therapy on bone mineral, lean tissue, and fat mass in postmenopausal women.** *Can J Physiol Pharmacol* 2002, **80**:941–950.
- Choquette S, Riesco E, Cormier E, Dion T, Aubertin-Leheudre M, Dionne IJ: **Effects of soya isoflavones and exercise on body composition and clinical risk factors of cardiovascular diseases in overweight postmenopausal women: a 6-month double-blind controlled trial.** *Br J Nutr* 2011, **105**:1199–1209.
- Englund U, Littbrand H, Sundell A, Pettersson U, Bucht G: **A 1-year combined weight-bearing training program is beneficial for bone mineral density and neuromuscular function in older women.** *Osteoporos Int* 2005, **16**:1117–1123.
- Going S, Lohman T, Houtkooper L, Metcalfe L, Flint-Wagner H, Blew R, Stanford V, Cussler E, Martin J, Teixeira P, et al: **Effects of exercise on bone mineral density in calcium-replete postmenopausal women with and without hormone replacement therapy.** *Osteoporos Int* 2003, **14**:637–643.
- Grove KA, Londeree BR: **Bone density in postmenopausal women: high impact versus low impact exercise.** *Med Sci Sports Exerc* 1992, **24**:1190–1194.
- Hong WL: **Tai Chi and resistance training exercise: would these really improve the health of the elderly?** *PhD Thesis* 2004, The Chinese University of Hong Kong.
- Iwamoto J, Takeda T, Ichimura S: **Effect of exercise training and detraining on bone mineral density in postmenopausal women with osteoporosis.** *J Orthop Sci* 2001, **6**:128–132.
- Jessup JV, Horne C, Vishen RK, Wheeler D: **Effects of exercise on bone density, balance, and self-efficacy in older women.** *Biol Res Nurs* 2003, **4**:171–180.
- Kemmler W, von Stengel S, Engelke K, Haberer L, Kalender WA: **Exercise effects on bone mineral density, falls, coronary risk factors, and health care costs in older women: the randomized controlled senior fitness and prevention (SEFIP) study.** *Arch Int Med* 2010, **170**:179–185.
- Kerr D, Morton A, Dick I, Prince R: **Exercise effects on bone mass in postmenopausal women are site-specific and load-dependent.** *J Bone Miner Res* 1996, **11**:218–225.
- Kerr D, Ackland T, Maslen B, Morton A, Prince R: **Resistance training over 2 years increases bone mass in calcium-replete postmenopausal women.** *J Bone Miner Res* 2001, **16**:175–181.
- Liu-Ambrose TYL, Khan KM, Eng JJ, Heinonen A, McKay HA: **Both resistance and agility training increase cortical bone density in 75- to 85-year-old women with low bone mass: a 6-month randomized controlled trial.** *J Clin Densitom* 2004, **7**:390–398.
- Marques EA, Mota J, Machado L, Sousa F, Coelho M, Moreira P, Carvalho J: **Multicomponent training program with weight-bearing exercises elicits favorable bone density, muscle strength, and balance adaptations in older women.** *Calcif Tissue Int* 2011, **88**:117–129.
- Marques EA, Wanderley F, Machado L, Sousa F, Viana JL, Moreira-Goncalves D, Moreira P, Mota J, Carvalho J: **Effects of resistance and aerobic exercise on physical function, bone mineral density, OPG and RANKL in older women.** *Exp Gerontol* 2011, **46**:524–532.
- Martin D, Notelovitz M: **Effects of aerobic training on bone mineral density of postmenopausal women.** *J Bone Miner Res* 1993, **8**:931–936.
- Nelson ME, Fiatarone MA, Morganti CM, Trice I, Greenberg RA, Evans WJ: **Effects of high-intensity strength training on multiple risk factors for osteoporotic fractures: a randomized controlled trial.** *JAMA* 1994, **272**:1909–1914.
- Newstead A, Smith KI, Bruder J, Keller C: **The effect of a jumping exercise intervention on bone mineral density in postmenopausal women.** *J Geriatr Phys Ther* 2004, **27**:47–52.
- Prince R, Devine A, Criddle A, Kerr D, Kent N, Price R, Ranell A: **The effects of calcium supplementation (milk powder or tablets) and exercise on bone density in postmenopausal women.** *J Bone Miner Res* 1995, **10**:1068–1075.
- Rhodes EC, Martin AD, Taunton JE, Donnelly M, Warren J, Elliot J: **Effects of one year of resistance training on the relation between muscular strength and bone density in elderly women.** *Br J Sports Med* 2000, **34**:18–22.
- Wu J, Oka J, Higuchi M, Tabata I, Toda T, Fujioka M, Fuku N, Teramoto T, Okuhira T, Ueno T: **Cooperative effects of isoflavones and exercise on**

- bone and lipid metabolism in postmenopausal Japanese women: a randomized placebo-controlled trial. *Metabolism* 2006, **55**:423–433.
34. Hedges LV, Olkin I: **Vote-counting methods in research synthesis.** *Psychol Bull* 1980, **88**:359–369.
 35. Sacks HS, Berrier J, Reitman D, Ancona-Berk VA, Chalmers TC: **Meta-analysis of randomized controlled trials.** *N Engl J Med* 1987, **316**:450–455.
 36. Berard A, Bravo G, Gauthier P: **Meta-analysis of the effectiveness of physical activity for the prevention of bone loss in postmenopausal women.** *Osteoporos Int* 1997, **7**:331–337.
 37. Howe TE, Shea B, Dawson LJ, Downie F, Murray A, Ross C, Harbour RT, Caldwell LM, Creed G: **Exercise for preventing and treating osteoporosis in postmenopausal women.** *Cochrane Database Syst Rev* 2011, **7**:CD000333.
 38. Kelley GA: **Aerobic exercise and lumbar spine bone mineral density in postmenopausal women: a meta-analysis.** *J Am Geriatr Soc* 1998, **46**:143–152.
 39. Kelley GA: **Exercise and regional bone mineral density in postmenopausal women: a meta-analytic review of randomized trials.** *Am J Phys Med Rehabil* 1998, **77**:76–87.
 40. Kelley GA: **Aerobic exercise and bone density at the hip in postmenopausal women: A meta-analysis.** *Prev Med* 1998, **27**:798–807.
 41. Kelley GA, Kelley KS, Tran ZV: **Exercise and bone mineral density in men: a meta-analysis.** *J Appl Physiol* 2000, **88**:1730–1736.
 42. Kelley GA, Kelley KS, Tran ZV: **Resistance training and bone mineral density in women: a meta-analysis of controlled trials.** *Am J Phys Med Rehabil* 2001, **80**:65–77.
 43. Kelley GA, Kelley KS, Tran ZV: **Exercise and lumbar spine bone mineral density in postmenopausal women: a meta-analysis of individual patient data.** *J Gerontol: Med Sci* 2002, **57A**:M599–M604.
 44. Kelley GA, Kelley KS: **Aerobic exercise and regional bone density in women: a meta-analysis of controlled trials.** *Am J Med Sports* 2002, **4**:427–433.
 45. Kelley GA, Kelley KS, Tran ZV: **Efficacy of resistance exercise on lumbar spine and femoral neck bone mineral density in premenopausal women: a meta-analysis of individual patient data.** *J Womens Health* 2004, **13**:293–300.
 46. Kelley GA, Kelley KS: **Exercise and bone mineral density at the femoral neck in postmenopausal women: a meta-analysis of controlled clinical trials with individual patient data.** *Am J Obstet Gynecol* 2006, **194**:760–767.
 47. Liberati A, Altman DG, Tetzlaff J, Mulrow C, Gotzsche PC, Ioannidis JP, Clarke M, Devereaux PJ, Kleijnen J, Moher D: **The PRISMA statement for reporting systematic reviews and meta-analyses of studies that evaluate health care interventions: explanation and elaboration.** *Ann Int Med* 2009, **151**:W65–W94.
 48. Marques EA, Mota J, Carvalho J: **Exercise effects on bone mineral density in older adults: a meta-analysis of randomized controlled trials.** *Age (Dordr)* 2011, **1**:23.
 49. Martyn-St JM, Carroll S: **High-intensity resistance training and postmenopausal bone loss: a meta-analysis.** *Osteoporos Int* 2006, **17**:1225–1240.
 50. Martyn-St JM, Carroll S: **Meta-analysis of walking for preservation of bone mineral density in postmenopausal women.** *Bone* 2008, **43**:521–531.
 51. Martyn-St JM, Carroll S: **A meta-analysis of impact exercise on postmenopausal bone loss: the case for mixed loading exercise programmes.** *Br J Sports Med* 2009, **43**:898–908.
 52. Palombaro KM: **Effects of walking-only interventions on bone mineral density at various skeletal sites: a meta-analysis.** *J Geriatr Phys Ther* 2005, **28**:102–107.
 53. Wallace BA, Cumming RG: **Systematic review of randomized trials of the effect of exercise on bone mass in pre- and postmenopausal women.** *Calcif Tissue Int* 2000, **67**:10–18.
 54. Wolff I, van Croonenborg JJ, Kemper HCG, Kostense PJ, Twisk JWR: **The effect of exercise training programs on bone mass: a meta-analysis of published controlled trials in pre- and postmenopause women.** *Osteoporos Int* 1999, **9**:1–12.
 55. Snow CM, Matkin CC, Shaw JM: **Physical Activity and risk for osteoporosis.** In *Osteoporosis*. Edited by Marcus R, Feldman D, Kelsey J. San Diego: Academic Press; 1996:511–528.
 56. Sinaki M: **Exercise and osteoporosis.** *Arch Phys Med Rehabil* 1989, **70**:220–229.
 57. Reference Manager: *Reference Manager*. Philadelphia, PA: Thompson ResearchSoft; 2009. version 12.0.1.
 58. Microsoft Excel: Redmond: Microsoft Corporation; 2007 (2007).
 59. Weeks BK, Beck BR: **The BPAQ: a bone-specific physical activity assessment instrument.** *Osteoporos Int* 2008, **19**:1567–1577.
 60. *Cochrane handbook for systematic reviews of interventions (version 5.0.2).* www.cochrane-handbook.org.
 61. Ahn S, Becker BJ: **Incorporating quality scores in meta-analysis.** *J Educ Behav Stat* 2011, **36**:555–585.
 62. Hedges LV, Olkin I: *Statistical methods for meta-analysis.* San Diego: Academic Press; 1985.
 63. Follmann D, Elliot P, Suh I, Cutler J: **Variance imputation for overviews of clinical trials with continuous response.** *J Clin Epidemiol* 1992, **45**:769–773.
 64. Dersimonian R, Laird N: **Meta-analysis in clinical trials.** *Control Clin Trials* 1986, **7**:177–188.
 65. Baim S, Binkley N, Bilezikian JP, Kendler DL, Hans DB, Lewiecki EM, Silverman S: **Official positions of the International Society for Clinical Densitometry and executive summary of the 2007 ISCD Position Development Conference.** *J Clin Densitom* 2008, **11**:75–91.
 66. Cohen J: **A power primer.** *Psychol Bull* 1992, **112**:155–159.
 67. Madsen MV, Gotzsche PC, Hrobjartsson A: **Acupuncture treatment for pain: systematic review of randomised clinical trials with acupuncture, placebo acupuncture, and no acupuncture groups.** *Br Med J* 2009, **338**:a3115.
 68. Kraemer HC, Kupfer DJ: **Size of treatment effects and their importance to clinical research and practice.** *Biol Psychiatry* 2006, **59**:990–996.
 69. U.S.Census Bureau PD: *Intercensal Estimates of the Resident Population by Sex and Age for the United States: April 1, 2000 to July 1, 2010 (US-EST00INT-01).* Washington, DC: U.S.Census Bureau PD; 2011. 2-17-2012.
 70. US Department of Health and Human Services: *Healthy People 2020.* Washington, DC: US Department of Health and Human Services; 2012.
 71. Health Indicators Warehouse: *Aerobic physical activity and muscle-strengthening activity among adults (percent).* Hyattsville: National Center for Health Statistics; 2012. 2-16-2012.
 72. Higgins JPT, Thompson SG, Deeks JJ, Altman DG: **Measuring inconsistency in meta-analyses.** *Br Med J* 2003, **327**:557–560.
 73. Higgins JP, Thompson SG, Spiegelhalter DJ: **A re-evaluation of random-effects meta-analysis.** *J R Stat Soc Ser A* 2009, **172**:137–159.
 74. Kelley GA, Kelley KS: **Impact of progressive resistance training on lipids and lipoproteins in adults: another look at a meta-analysis using prediction intervals.** *Prev Med* 2009, **49**:473–475.
 75. Duval S, Tweedie R: **Trim and fill: a simple funnel-plot-based method of testing and adjusting for publication bias in meta-analysis.** *Biometrics* 2000, **56**:455–463.
 76. Lau J, Schmid CH, Chalmers TC: **Cumulative meta-analysis of clinical trials builds evidence for exemplary medical care: the Potsdam International Consultation on Meta-Analysis.** *J Clin Epidemiol* 1995, **48**:45–57.
 77. Borenstein M, Hedges L, Higgins J, Rothstein H: *Introduction to meta-analysis.* West Sussex: John Wiley & Sons; 2009.
 78. Littell JH, Corcoran J, Pillai V: *Systematic reviews and meta-analysis.* New York: Oxford University Press; 2008.
 79. Engels EA, Schmid CH, Terrin N, Olkin I, Lau J: **Heterogeneity and statistical significance in meta-analysis: an empirical study of 125 meta-analyses.** *Stat Med* 2000, **19**:1707–1728.
 80. Glass GV, McGaw B, Smith ML: *Meta-analysis in social research.* Newbury Park: Sage; 1981.
 81. Melton LJ III, Crowson CS, O'Fallon WM, Wahner HW, Riggs BL: **Relative contributions of bone density, bone turnover, and clinical risk factors to long-term fracture prediction.** *J Bone Miner Res* 2003, **18**:312–318.
 82. Cranney A, Guyatt G, Griffith L, Wells G, Tugwell P, Rosen C, tOMG, and the Osteoporosis Research Advisory Group: **IX: Summary of meta-analyses of therapies for postmenopausal osteoporosis.** *Endocr Rev* 2002, **23**:570–578.
 83. MacLean C, Newberry S, Maglione M, McMahon M, Ranganath V, Suttrop M, Mojica W, Timmer M, Alexander A, McNamara M, et al: **Systematic review: comparative effectiveness of treatments to prevent fractures in men and women with low bone density or osteoporosis.** *Ann Int Med* 2008, **148**:197–213.
 84. Pedersen BK, Saltin B: **Evidence for prescribing exercise as therapy in chronic disease.** *Scand J Med Sci Sports* 2006, **16**:3–63.
 85. Sherrington C, Tiedemann A, Fairhall N, Close JC, Lord SR: **Exercise to prevent falls in older adults: an updated meta-analysis and best practice recommendations.** *N S W Public Health Bull* 2011, **22**:78–83.
 86. Sterne JA, Davey SG: **Sifting the evidence-what's wrong with significance tests?** *Br Med J* 2001, **322**:226–231.
 87. Barry DW, Kohrt WM: **BMD decreases over the course of a year in competitive male cyclists.** *J Bone Miner Res* 2008, **23**:484–491.

88. Barry DW, Kohrt WM: **Acute effects of 2 hours of moderate-intensity cycling on serum parathyroid hormone and calcium.** *Calcif Tissue Int* 2007, **80**:359–365.
89. Rothman KJ: **No adjustments are needed for multiple comparisons.** *Epidemiol* 1990, **1**:43–46.
90. Bennett JA, Winters-Stone K, Nail LM, Scherer J: **Definitions of sedentary in physical-activity-intervention trials: a summary of the literature.** *J Aging Phys Act* 2006, **14**:456–477.
91. Liu XS, Stein EM, Zhou B, Zhang CA, Nickolas TL, Cohen A, Thomas V, McMahon DJ, Cosman F, Nieves J, et al: **Individual trabecula segmentation (ITS)-based morphological analyses and microfinite element analysis of HR-pQCT images discriminate postmenopausal fragility fractures independent of DXA measurements.** *J Bone Miner Res* 2012, **27**:263–272.

doi:10.1186/1471-2474-13-177

Cite this article as: Kelley et al.: Effects of ground and joint reaction force exercise on lumbar spine and femoral neck bone mineral density in postmenopausal women: a meta-analysis of randomized controlled trials. *BMC Musculoskeletal Disorders* 2012 **13**:177.

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Review Article

Exercise and Bone Mineral Density in Premenopausal Women: A Meta-Analysis of Randomized Controlled Trials

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Received 18 August 2012; Revised 27 October 2012; Accepted 6 November 2012

Academic Editor: Vin Tangpricha

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Objective. Examine the effects of exercise on femoral neck (FN) and lumbar spine (LS) bone mineral density (BMD) in premenopausal women. **Methods.** Meta-analysis of randomized controlled exercise trials ≥ 24 weeks in premenopausal women. Standardized effect sizes (g) were calculated for each result and pooled using random-effects models, Z score alpha values, 95% confidence intervals (CIs), and number needed to treat (NNT). Heterogeneity was examined using Q and I^2 . Moderator and predictor analyses using mixed-effects ANOVA and simple metaregression were conducted. Statistical significance was set at $P \leq 0.05$. **Results.** Statistically significant improvements were found for both FN (7 g 's, 466 participants, $g = 0.342$, 95% CI = 0.132, 0.553, $P = 0.001$, $Q = 10.8$, $P = 0.22$, $I^2 = 25.7\%$, NNT = 5) and LS (6 g 's, 402 participants, $g = 0.201$, 95% CI = 0.009, 0.394, $P = 0.04$, $Q = 3.3$, $P = 0.65$, $I^2 = 0\%$, NNT = 9) BMD. A trend for greater benefits in FN BMD was observed for studies published in countries other than the United States and for those who participated in home versus facility-based exercise. Statistically significant, or a trend for statistically significant, associations were observed for 7 different moderators and predictors, 6 for FN BMD and 1 for LS BMD. **Conclusions.** Exercise benefits FN and LS BMD in premenopausal women. The observed moderators and predictors deserve further investigation in well-designed randomized controlled trials.

1. Introduction

Bone is a living tissue that undergoes continuous remodeling as a result of bone resorption and formation whereby osteoclasts remove bone and osteoblasts create new bone [1]. A dynamic tissue, bone, adapts to the associated mechanical stresses, such as exercise, that are placed on it [2]. Currently, mechanotransduction is the predominant mechanism through which mechanical stimuli such as exercise are believed to benefit bone [3, 4]. While not entirely understood, this appears to involve the detection of mechanical stimuli by osteocytes and the transduction of this mechanical strain by osteocytes to osteoclasts and osteoblasts where bone resorption and remodeling take place [4, 5], the end result being enhanced bone formation. At the cellular level, exercise may reduce the secretion of sclerostin by the osteocyte, thereby

upregulating Wnt signaling and osteoblastogenesis, that is, bone formation [6–8]. To support this contention, both cross-sectional and longitudinal studies have shown that physically active premenopausal women have lower sclerostin levels than those who are sedentary [9, 10]. In a cross-sectional study of 1,235 randomly selected premenopausal women, those who participated in more than 120 minutes of physical activity per week were shown to have serum sclerostin levels that were 36.8% lower than sedentary controls [9]. In a longitudinal follow-up study with 120 of these same women who took part in either an 8-week, 4 days per week, exercise ($n = 58$) or control ($n = 62$) condition, serum sclerostin levels were 33.9% lower in the exercise versus control group [9].

Maintaining optimal bone mineral density (BMD) levels during the premenopausal years is important for reducing the risk of osteoporosis and subsequent fractures during the

postmenopausal years, with relative-risk increases ranging from 1.5 to 3.0 [11]. In addition, the prevalence of osteopenia and osteoporosis has been reported to be 15% and 0.6%, respectively, in premenopausal women [12]. Furthermore, it has been estimated that the loss of BMD ranges from 0.25% to 1% per year in premenopausal women [11]. While pharmacologic therapy is usually contraindicated in premenopausal women, reliance on lifestyle factors is almost always recommended [11, 13]. One potentially effective lifestyle approach for achieving this goal is exercise, a low-cost, nonpharmacologic intervention that is available to the vast majority of the population. Unfortunately, previous randomized controlled trials addressing the effects of joint and/or ground reaction force exercise on femoral neck (FN) and lumbar spine (LS) BMD in premenopausal women have led to conflicting and less than overwhelming results, with only 30% and 29% of findings reported as statistically significant at the FN and LS, respectively [14–20]. Using the traditional vote-counting approach [21], one might conclude that exercise does not benefit FN or LS BMD. However, a vote-counting approach based on statistical significance can be extremely misleading since the absence of a statistically significant effect does not mean absence of an effect [21]. In contrast, meta-analysis is a quantitative approach that enables one to go beyond statistical significance and focus on the magnitude of effect [22].

While a number of meta-analyses have been conducted on the effects of exercise on BMD in adults [23–45], none have focused exclusively on FN and/or LS BMD when limited to randomized controlled trials in premenopausal women. However, three meta-analyses have reported subgroup findings when limited to randomized controlled trials [37, 41, 44]. First, Wallace and Cumming reported a statistically significant and positive effect of both impact (1.5%) and nonimpact (1.2%) exercises on LS BMD [44]. A nonsignificant improvement of approximately 0.9% was found at the FN after impact exercise while an insufficient number of studies were available to examine nonimpact exercise [44]. A second meta-analysis that was limited to high-intensity resistance training reported a statistically significant benefit of 0.013 g/cm² for LS BMD and a nonsignificant effect of 0.001 g/cm² for FN BMD [37]. Based on a random-effects model and across all interventions, a third meta-analysis by the same research group reported a statistically significant benefit of 0.007 g/cm² at the LS and 0.012 g/cm² at the FN as a result of different impact modalities [41]. While the results of these meta-analyses are important, none were limited to randomized controlled trials. This is potentially problematic because randomized controlled trials are the only way to control for confounders that are not known or measured as well as the observation that nonrandomized controlled trials tend to overestimate the effects of healthcare interventions [46, 47]. In addition, none of these meta-analyses conducted moderator analyses for other variables when limited to randomized controlled trials [37, 41, 44]. Furthermore, none of the studies [37, 41, 44] provided any quantitative assessment of clinical relevance with respect to the number needed to treat (NNT) [48]. Given the former,

the purpose of this study was to use the aggregate data meta-analytic approach to determine the overall effects, as well as potential moderators and predictors, of ground and joint reaction force exercise on FN and LS BMD in premenopausal women.

2. Methods

2.1. Study Eligibility Criteria. Studies were included if they met the following criteria: (1) randomized trials with a comparative control group (for example, nonintervention), (2) premenopausal women, as defined by the authors, (3) participants not engaged in a regular exercise program prior to study enrollment, (4) ground and/or joint reaction force exercise intervention of at least 24 weeks, (5) published and unpublished (master's theses and dissertations) studies since January 1989, and (6) data available for changes in BMD at the FN and/or LS and assessed using dual-energy X-ray absorptiometry (DEXA) or dual-photon absorptiometry (DPA). Any studies not meeting all six criteria were excluded.

Studies were limited to randomized controlled trials because trials are the only way to control for confounders that are not known or measured as well as the observation that nonrandomized controlled trials tend to overestimate the effects of healthcare interventions [46, 47]. The rationale for limiting studies to those in which the exercise intervention was at least 24 weeks in duration was based on the fact that bone remodeling, a continuous process in which damaged bone is repaired, ion homeostasis is maintained, and bone is reinforced for increased stress, typically takes around 24 weeks [49, 50]. Thus, it is unlikely that any true exercise-induced skeletal changes in BMD would occur prior to this. Because of the site specificity of exercise on BMD [51], resistance training studies were limited to those that included lower body exercise. The year 1989 was chosen as the start date for inclusion since it appeared to be the first time that a randomized controlled trial on exercise and BMD in adult humans was conducted [52].

2.2. Data Sources. Studies were retrieved from a large, previously developed database that included 1055 unique citations (see flow diagram in Supplementary File 1, available online at <http://dx.doi.org/10.1155/2013/741639>). Citations for the original database were retrieved from (1) six electronic sources (PubMed, Embase, SportDiscus, Cochrane Central Register of Controlled Clinical Trials, CINAHL, Dissertation Abstracts International), (2) cross-referencing from retrieved studies, including previous reviews, and (3) hand searching selected journals. Keywords germane to all searches were “exercise,” “bone,” and “randomized.” In consultation with a Health Sciences librarian at West Virginia University, all searches were conducted by the second author (K. Kelly). The last search was conducted in August of 2011. In accordance with recent guidelines [53], an example of the search strategy used for one of the electronic databases (CINAHL) is shown in Supplementary File 2. Based on previous research suggesting that searching for unpublished data is probably not worth the effort, no attempt was made to retrieve such [54].

2.3. Study Selection. All studies were selected by the first two authors (G. Kelley and K. Kelley), independent of each other. They then reviewed their selections for accuracy and consistency. Discrepancies were resolved by consensus. If consensus could not be reached, the third author (W. Kohrt) was consulted and asked to provide a recommendation. The final list of selected studies was reviewed for thoroughness and completeness by the third author (W. Kohrt), an expert on exercise and BMD. A list of included and excluded studies, including the reasons for exclusion, was stored in version 12 of Reference Manager [55].

2.4. Data Extraction. Prior to data extraction, electronic codebooks were developed using Microsoft Excel 2007 [56]. Initial codebooks were developed by the first author (G. Kelley) with input from the second and third authors. Each codebook was then reviewed and tested by all three authors. Codebooks were then revised by the first author (G. Kelley) and reviewed and tested by all authors until final codebooks for data extraction were available after three iterations. The major categories of variables coded included (1) study characteristics (year of publication, risk of bias, etc.), (2) group characteristics (age, height, etc.) and (3) outcome characteristics (changes in FN and LS BMD, secondary outcomes, etc.). Codebooks could hold up to 324 items from each study.

The primary outcomes for this study, determined *a priori*, were changes in FN and LS BMD assessed by DEXA or DPA. Secondary outcomes, also established *a priori*, included changes in other BMD sites (whole body, Ward's triangle, intertrochanter, trochanter, total hip, radius, ulna, calcaneus, and os calcis), body weight, body mass index, lean body mass, percent body fat, fat mass, muscular strength (upper and/or lower), muscular power, cardiorespiratory fitness, balance (static and dynamic), calcium intake, vitamin D intake, and fractures.

All data were extracted by the first two authors (G. Kelley and K. Kelley), independent of each other. They then met and reviewed every selection for accuracy and consistency. Discrepancies were resolved by consensus. If consensus could not be reached, the third author (W. Kohrt) served as an arbitrator. Trials published as duplicate reports (parallel publications) were only included once, using all associated trial reports to maximally extract trial information, but ensuring that the trial data were not duplicated in the review.

2.5. Risk of Bias Assessment. Risk of bias was assessed using the risk of bias assessment tool from the Cochrane Collaboration [57]. This tool addresses specific domains, namely, sequence generation, allocation concealment, blinding of participants and personnel, blinding of outcome assessment, incomplete outcome data, and selective outcome reporting. Each domain is classified as having either a high, low, or unclear risk of bias [57]. Given the objective nature of BMD assessment, all studies were considered low risk with respect to blinding. For selective outcome reporting, all studies were considered to be at an unclear risk for bias unless a study protocol identification number was provided. If a study

protocol identification number was provided, an *a priori* decision was made to locate the project on the respective clinical trials website to see if the number and type of outcomes reported in the study matched the number and type of outcomes reported on the website. Risk of bias was assessed by the first two authors (G. Kelley and K. Kelley). They then met and reviewed every item for agreement. Disagreements were resolved by consensus.

2.6. Statistical Analysis

2.6.1. Calculation of Effect Sizes from Each Study. The primary outcomes for this study, that is, changes in FN and LS BMD, were calculated using the standardized effect size g [58]. The standardized effect size was chosen over the original metric because of the different methods used to report data, for example, absolute versus relative changes in BMD, as well as the potential for excluding eligible studies because of the inability to retrieve necessary data. Each g was calculated as follows [58]:

$$g_i = \frac{\bar{X}_e - \bar{X}_c}{SD_{\text{pooled}}}, \quad (1)$$

where \bar{X}_e represents the changes score difference in the exercise group, \bar{X}_c represents the change score difference in the control group, and SD_{pooled} represents the pooled standard deviation from the change score standard deviations of the exercise and control groups. If absolute data were not available, relative (percent change) data were used.

For those studies that did not report original metric change score standard deviations, these were calculated from 95% confidence intervals if they were reported. If change score standard deviations and 95% confidence intervals were not available, change score standard deviations for each group (exercise and control) were calculated using the estimation approach of Follmann et al. [59]:

$$SD = \sqrt{(SD_{\text{initial}}^2 + SD_{\text{final}}^2) - 2(SD_{\text{initial}} * SD_{\text{final}} * \text{Corr}_{\text{initial,final}})}, \quad (2)$$

where SD_{pre}^2 is the square of the standard deviation for the initial score, SD_{post}^2 is the square of the standard deviation for the final score, and $\text{Corr}_{\text{pre,post}}$ is the correlation between initial and final scores. Based on the association between initial and final scores, the imputed correlation for this study was 0.90. After original metric change score standard deviations were calculated from each study, the pooled standard deviation for g was calculated as follows [58]:

$$SD_{\text{pooled}} = \sqrt{\frac{(n_e - 1)SD_e^2 + (n_c - 1)SD_c^2}{n_e + n_c - 2}}, \quad (3)$$

where SD_{pooled} is the pooled standard deviation for g , n_e is the sample size in the exercise group, n_c is the sample size in the control group, SD_e^2 is the square of the standard deviation in the exercise group, and SD_c^2 is the square of the standard

deviation in the control group. Each g was then corrected for small sample bias by multiplying g by a constant [58]:

$$g_i^* = c_i g_i, \quad (4)$$

where

$$c_i \approx 1 - \frac{3}{4(n_e + n_c - 2) - 1}. \quad (5)$$

The variance for each g was then calculated as follows [58]:

$$\text{Var}_{g_i} = \frac{n_e + n_c}{n_e n_c} + \frac{g_i^2}{2(n_e + n_c)}, \quad (6)$$

where Var_{g_i} is the variance for g , n_e is the sample size in the exercise group, and n_c is the sample size in the control group. For pooling purposes, each g was then weighted by the inverse of the variance as follows [58]:

$$w_i = \frac{1}{\text{Var}_{g_i}}, \quad (7)$$

where w_i represents the weight and Var_{g_i} is the variance for each g .

Effect sizes for secondary outcomes (whole body BMD, Ward's triangle, intertrochanter, trochanter, total hip, radius, ulna, calcaneus, os calcis, upper and low body muscular strength, muscular power, and static and dynamic balance) were also calculated using g . Generally, the magnitude of effect for g may be classified as trivial (<0.20), small (≥ 0.20 to <0.50), medium (≥ 0.50 to <0.80), or large (≥ 0.80) [60]. A g of 0.30, for example, means that exercise would result in a 0.30 SD benefit over those who did not exercise. The original metric was used to calculate all other secondary outcomes: cardiorespiratory fitness ($\text{VO}_{2\text{max}}$ in $\text{mL/kg}^{-1}/\text{min}^{-1}$), body weight (kg), body mass index (kg/m^2), lean body mass (kg), percent body fat (%), fat mass (kg) calcium intake (mg/day), vitamin D intake (IU), and number of fractures.

2.6.2. Effect Size Pooling. All effect sizes were pooled using a random-effects, method of moments model [61]. This approach weights studies by the inverse of the variance and incorporates heterogeneity into the model [61]. For both primary and secondary outcomes, pooling was limited to those outcomes with at least 3 effect sizes. Multiple groups from the same study were analyzed independently as well as collapsing multiple groups so that only one effect size represented each outcome from each study. A two-tailed Z score alpha value of ≤ 0.05 was considered to be statistically significant while alpha values >0.05 but ≤ 0.10 were considered as a trend. Precision was determined using two-tailed 95% confidence intervals (CIs). For outcomes with statistically significant results, estimation of treatment effects in a new trial was calculated using 95% prediction intervals (PIs) [62–64]. To enhance clinical relevance, the NNT was also estimated [48]. Analysis of secondary outcomes was considered exploratory because they were not part of the inclusion criteria, and thus, may represent a biased sample. After initial pooling, studies

with statistically significant residuals (outliers) were deleted from all further analysis. The alpha value for statistically significant residuals was set at $P \leq 0.05$. Because of a lack of data (<3 effect sizes), analysis of secondary outcomes was limited to changes in body weight and BMD at Ward's triangle and the trochanteric regions.

Statistical heterogeneity of pooled results based on fixed-effects models was examined using the Q statistic and I^2 , an extension of Q that more accurately reflects statistical heterogeneity [65]. The alpha value for statistical significance for Q was set at $P \leq 0.10$. For I^2 , values of 25% to $<50\%$ may be considered small, 50% to $<75\%$ medium, and $\geq 75\%$ large [65]. For this study, I^2 values $>50\%$ were considered as excessive heterogeneity. Potential bias due to small-study effects was examined using the approach of Egger et al. and an alpha value for statistical significance of $P \leq 0.05$ [66]. Small-study effects include such things as publication bias and the overestimation of treatment effects in studies of lower quality. For primary outcomes, influence analysis was conducted in order to examine the effects of each study on the overall results. In addition, cumulative meta-analysis, ranked by year, was also conducted [67].

2.6.3. Moderator Analysis. Mixed-effects, ANOVA-like models for meta-analysis were used to compare between-group differences (Q_b) in FN and LS BMD according to selected categorical variables, assuming that each category included at least 2 g 's. A random-effects model was used to combine studies within each subgroup while a fixed-effect model was used to combine subgroups and yield the overall g . Between-study variance (τ^2) was not assumed to be equal for all subgroups. *A priori* variables to examine included type of control group (nonintervention, other), matching (yes, no), risk of bias for sequence generation, allocation concealment, blinding, incomplete outcome data, selective outcome reporting (low versus high risk), type of analysis (intention to treat, per protocol), provision of sample size estimates (yes, no), whether the study was funded (yes, no), adverse events (yes, no), race/ethnicity, drugs, other than hormone therapy, which could positively or negatively affect BMD (yes, no), hormone therapy, including oral contraceptives (yes, no), rheumatoid arthritis (yes, no), cigarette smoking (yes, no), alcohol consumption (yes, no), changes in physical activity habits outside the exercise intervention (yes, no), whether calcium or vitamin D supplements were given during the study (yes, no), previous fractures (yes, no), type of exercise (aerobic, strength, both), exercise supervision status (supervised, unsupervised, both), location in which exercise took place (facility, home, both), exercise participation (self, group, both), reaction forces (ground, joint, both), and instrument used to assess BMD (Lunar, Hologic). However, because of a lack of data ($<2g$'s per category), moderator analysis was limited to type of control group, type of analysis, sample size estimates, funding (FN only), calcium administration during the study (FN only), type of exercise (aerobic, strength), exercise supervision (FN only), location in which exercise took place (facility versus home, FN only), exercise participation (group versus self, FN only),

reaction forces (ground versus joint), and instrument used to assess BMD (FN only). *Post hoc*, an examination for potential differences in FN and LS BMD when partitioned according to whether studies were at a low versus unclear risk for incomplete outcome data was conducted. Because of a lack of data for categorizing, a statistical examination for other forms of bias (sequence generation, allocation concealment, blinding, selective outcome reporting) was not possible. The alpha level for statistical significance for Q_b was set at $P \leq 0.05$.

2.6.4. Metaregression. Simple mixed-effects, method of moments metaregression was used to examine the association between changes in FN and LS BMD and selected continuous variables, assuming that at least 3 g 's were available for each analysis. Potential predictors established *a priori* included percentage of dropouts in the exercise intervention groups, age, length, frequency and intensity of training, duration of training (aerobic exercise only), compliance to the exercise protocol, total minutes of training (unadjusted and adjusted for compliance, aerobic exercise only), number of sets, repetitions and exercises (strength training only), load rating of the exercise interventions, calculated from previous research [51], baseline BMD and changes in cardiorespiratory fitness, balance (static and dynamic), calcium intake, muscular strength (upper and lower), body weight, BMI, lean body mass, fat mass, and percent body fat. However, because of a lack of data ($<3g$'s), metaregression analysis was limited to dropouts, age, length of training, frequency of training, duration of training, compliance, unadjusted total minutes of training, adjusted total minutes of training (FN only), load rating, number of sets and exercises (FN only), changes in upper and lower body strength, bodyweight (FN only), and baseline BMD. Analyses were limited to simple metaregression versus multiple metaregression because of missing data for different variables from different studies. The alpha level for statistical significance was set at $P \leq 0.05$.

2.6.5. Software Used for Statistical Analysis. Data were analyzed using Comprehensive Meta-Analysis (version 2.2) [68], Microsoft Excel 2007 [56], and SSC-Stat (version 2.18) [69].

3. Results

3.1. Study Characteristics. After screening 1055 citations, seven studies representing 17 groups (10 exercise, 7 control) and 521 participants (269 exercise, 252 control) met the criteria for inclusion [14–20]. A flow diagram for the selection of studies is shown in Supplementary File 1, a general description of the characteristics of each study in Table 1, and baseline characteristics of the participants in Table 2. A list of excluded studies, including the reasons for exclusion, is available upon request from the corresponding author. For the included studies, the number of exercise groups exceeded the number of control groups because two studies included more than one exercise group [14, 17]. All

studies were published in English-language journals between 1995 and 2011 [14–20]. Five studies were conducted in the United States [15, 17–20], one in Australia [14] and one in Finland [16]. For type of control groups, four studies used a nonintervention control group [16–18, 20] while three others used alternative approaches (usual care, attention control) [14, 15, 19]. With respect to matching, one study matched participants according to body weight and oral contraceptive use [16] while another matched according to age and oral contraceptive use [20]. None of the studies used a crossover design [14–20]. For sample size justification, three studies supplied power estimates to support such [14, 16, 19]. Five studies used the per-protocol approach [14, 15, 17, 18, 20] while the remaining two used intention to treat [16, 19] to analyze their data.

For external funding, five [15–17, 19, 20] of 7 studies reported receiving some type of external funding to conduct their project. The dropout rate ranged from 13.9% to 63.6% in the exercise groups ($\bar{x} \pm SD = 40.3\% \pm 17.8\%$, $Mdn = 46\%$) and 5.0% to 57.8% in the control groups ($\bar{x} \pm SD = 28.5\% \pm 19.7\%$, $Mdn = 28\%$). For the 4 studies that reported dropout data separately for exercise and control groups [14, 16, 17, 19] reasons for dropping out or being dropped in the exercise groups included changed circumstances, time constraints, injuries or pain which may or may not have been associated with the exercise intervention, personal issues, pregnancy, moving, loss of interest, uptake of medications that could affect BMD, and noncompliance with the exercise intervention. For control groups, reasons included changed circumstances, injury, moving, loss of interest, pregnancy, and uptake of medications that could affect BMD. For the one study that provided information, no serious adverse events were reported [16].

3.2. Participant Characteristics. Initial physical characteristics of the participants are shown in Table 2. For the three studies that reported data on race/ethnicity [15, 18, 19], participants included primarily Whites. Other racial/ethnic groups included Asians as well as Hispanics and/or Latinos. Two studies reported that none of the subjects were taking any type of hormone therapy, including hormonal contraceptives [15, 18] while the other five reported that some were [14, 16, 17, 19, 20]. For drugs other than hormone therapy that could affect BMD, two studies reported no use of such [18, 20] while one reported that some were [16]. Three studies reported that none of the participants had osteopenia or osteoporosis [15, 17, 20] while two reported no secondary osteoporosis [15, 20]. With respect to cigarette smoking, two studies reported that none of the participants were currently smoking cigarettes [16, 17]. Three studies in which data were available reported no change in the participants' levels of exercise beyond the exercise intervention itself [16, 18, 19]. Two studies reported that calcium was given to all participants [17, 18]; one reported that some participants received calcium [15] while two others reported no calcium supplementation [14, 19]. For vitamin D intake, one study reported administering vitamin D to all participants [15]

TABLE 1: General characteristics of studies.

Study	Country	Participants	Exercise intervention	BMD Assessment
Bailey and Brooke-Wavell, 2010 [14]	United Kingdom	85 healthy, premenopausal women 18 to 45 yrs of age assigned to 0 ($n = 20$), 2 ($n = 21$), 4 ($n = 22$), or 7 ($n = 22$) days/wk of exercise	2, 4, or 7 days/wk of 5 sets of 10 hops on one limb with 15 seconds of walking between each set for 6 months	DEXA (GE Lunar Prodigy Advance) at the FN
Friedlander et al., 1995 [15]	United States	63 women 20 to 35 yrs of age assigned to either an exercise ($n = 32$) or stretching ($n = 31$) group	3 days/wk, 1 h/session, alternating classes of circuit training, strength training, and aerobic exercise (70–85% of $\dot{V}O_{2\max}$), for 2 yrs	DEXA (Hologic QDR 1000) at the LS & FN
Heinonen et al., 1996 [16]	Finland	84 healthy, sedentary premenopausal women 35 to 40 yrs of age assigned to either a training ($n = 39$) or control ($n = 45$) group	3 days/wk, 1 h/session (15 min warm-up, 20 min high-impact jump training, 15 min calisthenics, 10 min cool down), for 18 months	DEXA (Norland XR-26) at the LS & FN
Liang et al., 2011 [17]	United States	51 healthy, untrained women 20 to 35 yrs of age assigned to a strength training ($n = 15$), step aerobics ($n = 16$), or control ($n = 20$) group	3 days/wk, 40 min/session, strength: 1–3 sets, 8–15 reps, 65–80% 1RM, 8 exercises; step aerobics: step, hop, walk, run in place, 20 cm step height, 15–300 hop cycles/session, for 12 months	DEXA (Hologic QDR 4500W)
Lohman et al., 1995 [18]	United States	56 premenopausal women 28 to 39 yrs of age assigned to either an exercise ($n = 22$) or control ($n = 34$) group	3 days/wk, 1 h/session, 3 sets, 8–12 reps, 70–80% 1RM, 12 weight lifting exercises, 18 months	DEXA (Lunar DPX) at the LS & FN
Warren et al., 2008 [19]	United States	148 healthy, sedentary, overweight premenopausal women 25 to 44 yrs of age assigned to either an exercise ($n = 72$) or control ($n = 76$) group	2 days/wk, strength training, 3 sets, 8–10 reps, for 2 yrs	DEXA (Lunar Prodigy) at the LS & FN
Weaver et al., 2001 [20]	United States	55 women 18 to 31 yrs of age assigned to either an exercise ($n = 28$) or control ($n = 27$) group	3 days/wk of super circuit resistance training, 8 upper and 8 lower body exercises with a cycle ergometer between each station, 8–12 reps, 70% 1RM, plus 60 min of jumping rope/wk, for 24 months	DEXA (DXA Lunar) at the LS & FN

BMD: bone mineral density; DEXA: dual-energy X-ray absorptiometry; FN: femoral neck; LS: lumbar spine; yrs: years; min: minute(s); h: hour(s); wks: weeks; wk: week; RM: repetition maximum; reps: repetitions; $\dot{V}O_{2\max}$: maximum oxygen consumption; description of groups is limited to those that met the inclusion criteria for the current meta-analysis; description of BMD assessment is limited to the primary outcomes of the current meta-analysis (FN and LS). Number of participants is limited to those in which final BMD assessments were available.

while two others reported no administration of vitamin D [14, 19].

3.3. Exercise Intervention Characteristics. A description of the training program characteristics is shown in Table 1. As can be seen, the exercise interventions varied. Across all intervention groups, length of training ranged from 24 to 104 weeks ($\bar{x} \pm SD = 63.6 \pm 32.8$, $Mdn = 65$) while frequency ranged from 2 to 7 days per week ($\bar{x} \pm SD = 3.1 \pm 1.4$, $Mdn = 3$). Compliance, defined as percentage of exercise sessions attended, ranged from 44% to 90% ($\bar{x} \pm SD = 71.7\% \pm 17.7\%$, $Mdn = 83\%$). For those groups in which data were available, four participated in either supervised or unsupervised exercise while one participated in both. For location where exercise took place, six participated in facility-based exercise, three in home-based exercise, and one did both. With respect to exercise participation, three groups participated in group-based exercise, four participated in exercise on their own, and one did both. Five exercise groups participated in ground reaction force exercise, three in joint reaction force exercise, and two in both. The exercise load rating ranged from 9.1 to 1481 ($\bar{x} \pm SD = 388.2 \pm 618.6$, $Mdn = 10.1$) for the nine groups that reported data for such.

3.4. BMD Assessment Characteristics. A description of FN and LS BMD assessment is shown in Table 1. For those studies in which data were available, three reported using Lunar dual-energy X-ray absorptiometry [14, 19, 20] while two others used a Hologic instrument [15, 17]. Coefficients of variation ranged from 0.5% to 4% at the FN and 0.3% to 4% at the LS.

3.5. Risk of Bias Assessment. Overall results for risk of bias are shown in Figure 1 while study level results are shown in Supplementary file 3. As can be seen, all studies were considered to be at a low risk for bias with respect to sequence generation and blinding [14–20]. In contrast, allocation concealment was categorized as unclear in 86% of the studies and low risk in 14%. Results for incomplete outcome data were mixed, with 43% considered to be at low risk for bias and 57% classified as unclear. Finally, because none of the studies provided a clinical trials registry number, selective outcome reporting was considered to be unclear for all of the studies [14–20].

3.6. Changes in Primary Outcomes

3.6.1. Changes in FN BMD. Ten g 's representing 521 participants from seven studies [14–20] resulted in a small but statistically significant benefit in FN BMD ($g = 0.280$, 95% CI = 0.036, 0.524, $P = 0.03$, $Q = 17.8$, $P = 0.04$, $I^2 = 49.6\%$). However, one outlier was detected and deleted from all further FN BMD analyses [20]. With the one outlier deleted from the model, results remained small, statistically significant, and with a nonsignificant and small amount of heterogeneity observed (Table 3 and Figure 2). Changes were equivalent to a 1.1% benefit (0.4% increase in the exercise groups, –0.7% decrease in the control groups). The NNT was 5 while the 95% PI was –0.116 to 0.800. Statistically

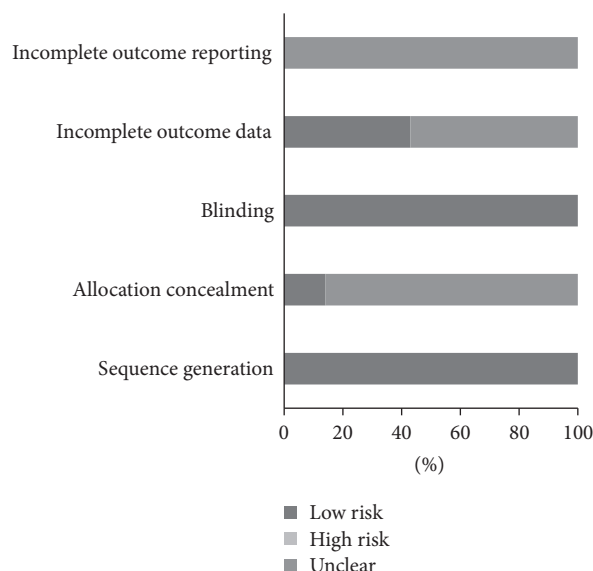


FIGURE 1: Risk of bias. Pooled risk of bias results using the Cochrane Risk of Bias Assessment Tool [57].

significant small-study effects were observed ($P = 0.05$). With each study deleted from the model once, results remained statistically significant (Figure 3). Cumulative meta-analysis demonstrated that results have been statistically significant, or there has been a trend for statistical significance, since inception of the publication of the first two studies in 1995 (Figure 4) [15, 18]. When results were collapsed so that only one g represented each study, increases in FN BMD remained small, statistically significant, and with a nonsignificant and small amount of heterogeneity ($g = 0.323$, 95% CI = 0.109, 0.537, $P = 0.003$, $Q = 7.3$, $P = 0.20$, $I^2 = 31.4\%$). Because g was used, no missing data for FN BMD needed to be requested from the original study authors. The calculation of g was based on relative values from five studies [14–17, 20] and absolute values from the other two [18, 19]. Original metric change outcome SD's for exercise and control groups were estimated from change score SD's in three studies [15, 16, 20], one of which was transformed from sample sizes and standard errors of the means [20], 95% confidence intervals from two studies [14, 17], and initial and final standard deviations in two others [18, 19].

3.6.2. Moderator Analysis for FN BMD. The moderator analyses for FN BMD are shown in Supplementary File 4. As can be seen, there was a trend for greater benefits in FN BMD for those studies published in countries other than the United States. In addition, there was a trend for greater benefits in those participating in home versus facility-based exercise. No other statistically significant differences for FN BMD were observed, including when reporting of incomplete outcome data were partitioned according to low versus unclear risk ($Q_b = 0.55$, $P = 0.46$).

3.6.3. Regression Analysis for FN BMD. Simple metaregression results for changes in FN BMD are shown in Supplementary File 5. As can be seen, there was a statistically significant

TABLE 2: Initial physical characteristics of participants.

Variable	Groups (#)	Participants (#)	Exercise			Groups (#)	Participants (#)	Control		
			$\bar{x} \pm SD$	Mdn	Range			$\bar{x} \pm SD$	Mdn	Range
Age (yrs)	10	269	30.7 \pm 5.5	31	23–39	7	252	32.8 \pm 5.2	34	24–39
Body weight (kg)	10	269	62.1 \pm 8.1	60	55–82	7	252	65.3 \pm 7.5	63	58–81
BMD (g/cm ²)										
Femoral neck	7	224	0.927 \pm 0.085	0.840	0.85–1.070	6	233	0.938 \pm 0.105	0.909	0.840–1.090
Lumbar spine	7	224	1.118 \pm 0.120	1.080	0.991–1.290	6	233	1.145 \pm 0.138	1.145	0.986–1.30
Ward's triangle	4	81	0.882 \pm 0.062	0.863	0.883–0.970	3	81	0.911 \pm 0.082	0.896	0.833–0.970
Trochanteric	6	196	0.775 \pm 0.099	0.735	0.688–0.939	5	206	0.786 \pm 0.10	0.765	0.690–0.909

Groups (#): number of groups in which data were available; participants (#): number of participants nested within groups; $\bar{x} \pm SD$: mean \pm standard deviation; Mdn: median; BMD: bone mineral density.

and positive relationship between benefits in FN BMD and the number of sets performed when resistance training while an inverse relationship was observed for exercise frequency. A trend for statistical significance was observed for greater benefits in FN BMD and (1) shorter exercise interventions, (2) lower initial FN BMD, (3) increases in body weight, and (4) decreases in upper body strength.

3.6.4. Changes in LS BMD. Seven gs representing 457 participants from six studies [15–20] resulted in a trivial and non-significant difference in LS BMD ($g = 0.115$, 95% CI = $-0.108, 0.339$, $P = 0.31$, $Q = 8.5$, $P = 0.20$, $I^2 = 29.5\%$). However, the same outlier as for FN BMD was detected and deleted from all further LS BMD analyses [20]. With the one outlier deleted, results were small but statistically significant and heterogeneity (I^2) was reduced to 0% (Table 3 and Figure 5). The NNT was 9 while the 95% PI was -0.071 to 0.473 . Calculation of percent change was not possible because of missing data from two studies [16, 19]. No statistically significant small-study effects were observed ($P = 0.034$). With each study deleted from the model once, results were no longer statistically significant or there was no longer a trend for statistical significance when two were deleted from the model (Figure 6) [15, 16]. Cumulative meta-analysis demonstrated that results have been statistically significant since inception of the second study in 1995 (Figure 7) [18]. When results were collapsed so that only one g represented each study, increases in LS BMD remained small, statistically significant, and with no apparent statistical heterogeneity ($g = 0.201$, 95% CI = $0.009, 0.394$, $P = 0.04$, $Q = 3.2$, $P = 0.52$, $I^2 = 0\%$). Because g was used, no missing data for LS BMD needed to be requested from the original study authors. The calculation of g was based on relative values from four studies [15–17, 20] and absolute values from the other two [18, 19]. Original metric change outcome SD's for exercise and control groups were estimated from change score SD's in three studies [15, 16, 20], one of which was transformed from standard errors of the means [20], 95% confidence intervals from two studies [17], and initial and final standard deviations in two others [18, 19].

3.6.5. Moderator Analysis for LS BMD. Moderator analyses for LS BMD are shown in Supplementary File 4. As can be seen, no statistically significant differences were observed, including when the reporting of incomplete outcome data were partitioned according to low versus unclear risk ($Q_b = 0.43$, $P = 0.51$).

3.6.6. Regression Analysis for LS BMD. Simple metaregression results for changes in LS BMD are shown in Supplementary File 5. As shown, no statistically significant associations were observed. A trend for a statistically significant association was observed for greater benefits in LS BMD and earlier published studies.

3.7. Changes in Secondary Outcomes. The overall results for secondary outcomes are shown in Table 3. No statistically significant differences were found for BMD at Ward's triangle and the trochanteric regions as well as for bodyweight. Small but statistically significant increases were observed for both upper and lower body strength. A trend for a statistically significant and moderate amount of heterogeneity was observed for changes in lower body strength. For both upper and lower body strength, the NNT was 4 while the 95% PI was -0.879 to 1.850 for upper body strength and -0.492 to 1.388 for lower body strength. Small-study effects were non-significant for changes in strength in both the upper ($P = 0.33$) and lower ($P = 0.70$) body. When results were collapsed so that only one g represented each study, increases in lower body strength remained small, statistically significant, and with no apparent heterogeneity ($g = 0.429$, 95% CI = $0.237, 0.622$, $P = 4.37$, $Q = 1.4$, $P = 0.71$, $I^2 = 0\%$). No study level analysis was needed for changes in upper body strength because none of the studies included multiple groups.

4. Discussion

The primary purpose of meta-analysis is to reach general conclusions regarding a body of research [70]. The primary purpose of this study was to use the aggregate data meta-analytic approach to determine the effects of exercise on

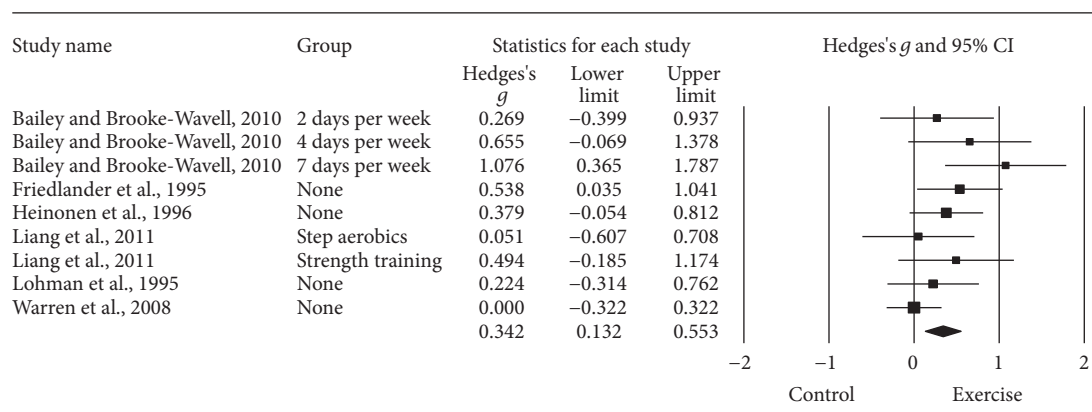


FIGURE 2: Forest plot for changes in FN BMD. Forest plot for point estimate standardized effect size changes (*g*) in FN BMD. The black squares represent the standardized mean difference (*g*) while the left and right extremes of the squares represent the corresponding 95% confidence intervals. The middle of the black diamond represents the overall standardized mean difference (*g*) while the left and right extremes of the diamond represent the corresponding 95% confidence intervals. Negative results favor control groups while positive results favor exercise groups.

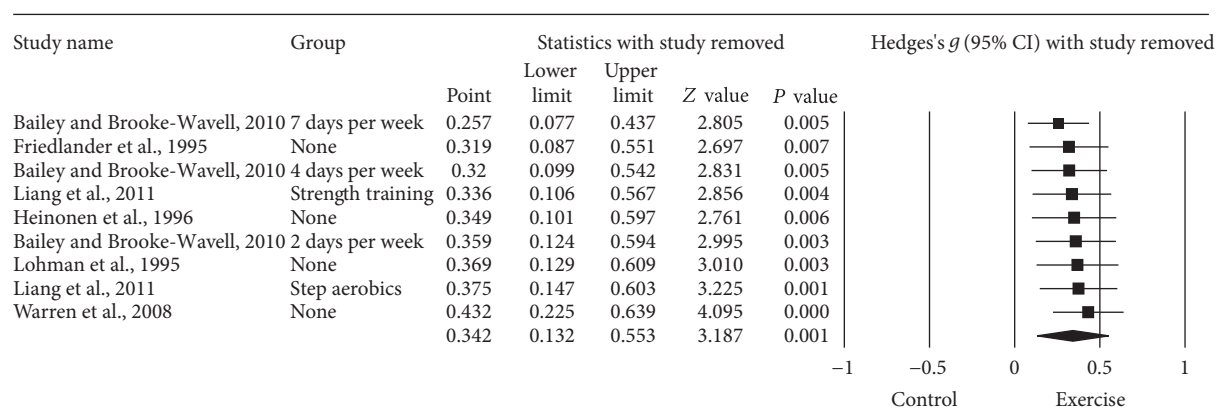


FIGURE 3: Influence analysis for changes in FN BMD. Influence analysis for point estimate standardized effect size changes (*g*) in FN BMD with each corresponding study deleted from the model once. The black squares represent the standardized mean difference (*g*) while the left and right extremes of the squares represent the corresponding 95% confidence intervals. The middle of the black diamond represents the overall standardized mean difference (*g*) while the left and right extremes of the diamond represent the corresponding 95% confidence intervals. Results are ordered from smallest to largest values of *g*. Negative results favor control groups while positive results favor exercise groups.

TABLE 3: Changes in primary and secondary outcomes.

Variable ^a	Studies (#)	ES (#)	Participants (#)	\bar{x} (95% CI)	Z (P)	Q (P)	I ² (%)
Primary							
Femoral neck	7	9	466	0.342 (0.132, 0.553)	3.19 (0.001)*	10.8 (0.22)	25.7
Lumbar spine	5	6	402	0.201 (0.009, 0.394)	2.05 (0.04)*	3.3 (0.65)	0
Secondary							
Ward's triangle	3	4	162	0.088 (-0.207, 0.383)	0.59 (0.56)	2.9(0.41)	0
Trochanteric	7	10	521	0.085 (-0.097, 0.267)	0.92 (0.36)	10.5 (0.31)	14.1
Body weight (kg)	5	5	296	0.4 (-0.5, 1.3)	0.93 (0.35)	2.1 (0.72)	0
Strength (upper body)	3	3	295	0.49 (0.28, 0.70)	4.56 (0.0001)*	1.2 (0.56)	0
Strength (lower body)	4	5	346	0.45 (0.14, 0.75)	2.88 (0.004)*	8.78 (0.07)**	54.4

^aUnless noted otherwise, all outcomes are reported as standardized effect size (*g*); ES: effect size; #: number; participants (#): number of exercise and control participants nested within ES's and studies; Z (P): Z score and alpha value; Q (P): Cochran's Q statistic and alpha value; I² (%): I squared; *statistically significant ($P \leq 0.05$); **trend for statistical significance ($P > 0.05$ to ≤ 0.10).

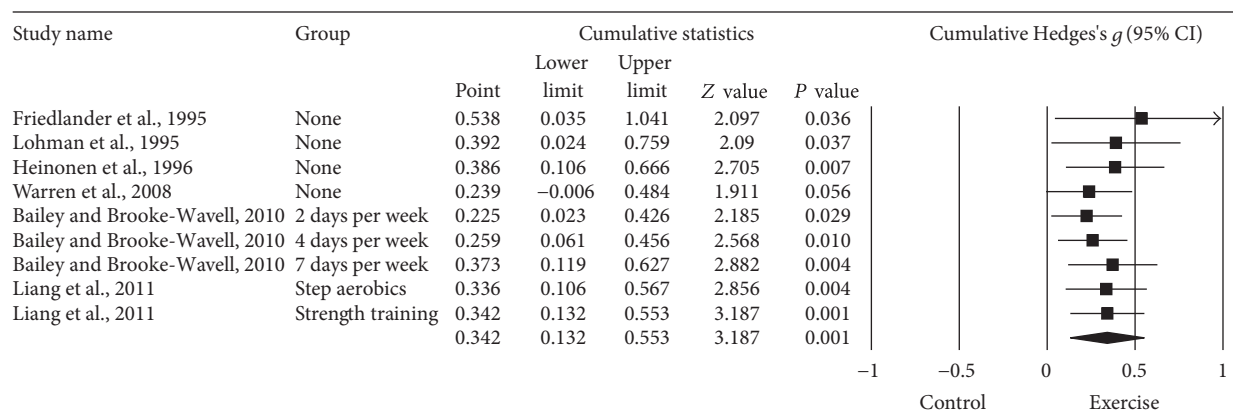


FIGURE 4: Cumulative meta-analysis for changes in FN BMD. Cumulative meta-analysis, ordered by year, for point estimate standardized effect size changes (g) in FN BMD. The black squares represent the standardized mean difference (g) while the left and right extremes of the squares represent the corresponding 95% confidence intervals. The results of each corresponding study are pooled with all studies preceding it. The middle of the black diamond represents the overall standardized mean difference (g) while the left and right extremes of the diamond represent the corresponding 95% confidence intervals. Negative results favor control groups while positive results favor exercise groups.

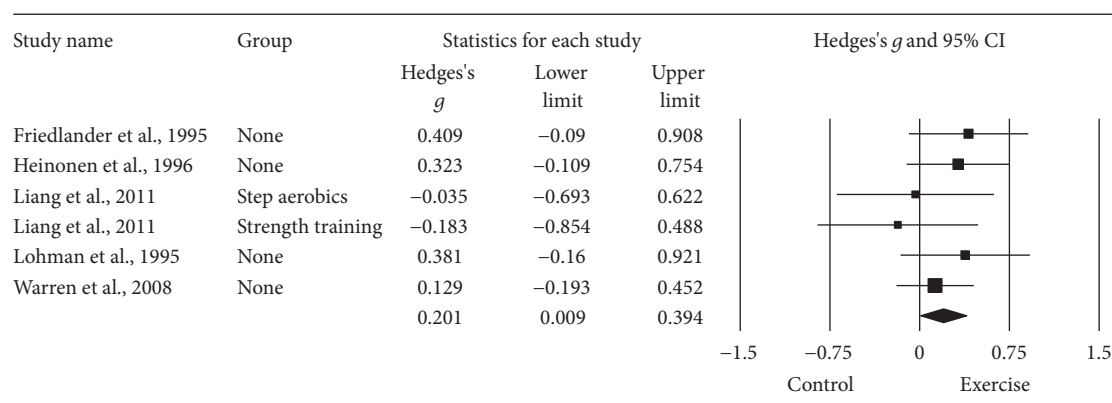


FIGURE 5: Forest plot for changes in LS BMD. Forest plot for point estimate standardized effect size changes (g) in LS BMD. The black squares represent the standardized mean difference (g) while the left and right extremes of the squares represent the corresponding 95% confidence intervals. The middle of the black diamond represents the overall standardized mean difference (g) while the left and right extremes of the diamond represent the corresponding 95% confidence intervals. Negative results favor control groups while positive results favor exercise groups.

FN and LS BMD in premenopausal women and to examine potential moderators and predictors of such changes. To the best of the investigative team's knowledge, this is the first meta-analysis on exercise and BMD in premenopausal women limited to randomized controlled trials. The overall findings suggest that exercise results in small, as defined by Cohen's categorization for the magnitude of effect for g [60], but statistically significant benefits in both FN and LS BMD. These findings are similar to the statistically significant results reported for LS BMD in two earlier meta-analyses but differ with respect to FN BMD [37, 44]. One possible reason for the lack of statistically significant findings for FN BMD in the two previous meta-analyses may have to do with the small number of results that were pooled. Specifically, one meta-analysis pooled results from three randomized controlled trials [44] while a second pooled results from five randomized

controlled trials [37]. A second possible reason may have to do with the differing inclusion criteria across meta-analyses. In contrast, the overall findings of the current investigation are in agreement with the overall findings of the James and Carroll meta-analysis [41].

To the best of the investigative team's knowledge, this is the first meta-analysis to report NNT for exercise and BMD studies in premenopausal women. The current findings suggest that less than 10 women would need to exercise in order to derive benefit in BMD at the FN and LS. However, whether the magnitude of effect is large enough to reduce the risk of site-specific fractures in those women who improve their FN and LS BMD is not known.

While the exercise-induced benefits observed for FN and LS BMD were considered small and statistically significant, the direct clinical importance of such changes is

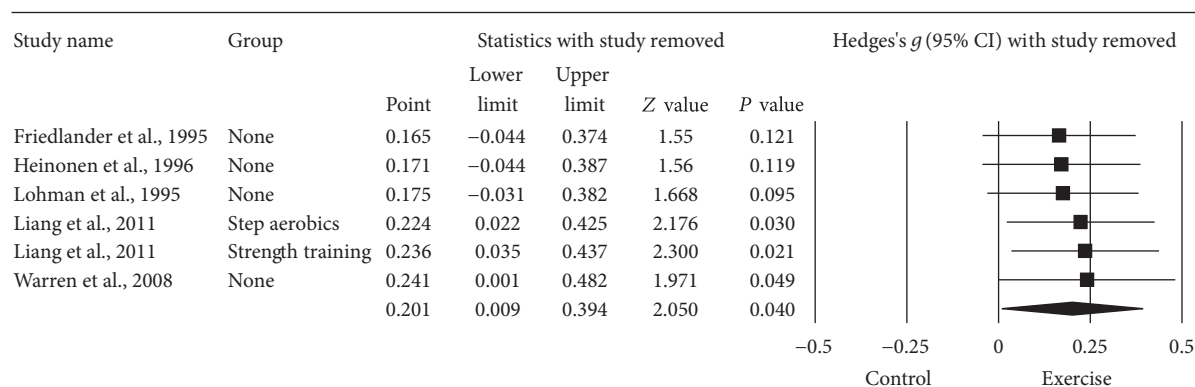


FIGURE 6: Influence analysis for changes in LS BMD. Influence analysis for point estimate standardized effect size changes (g) in LS BMD with each corresponding study deleted from the model once. The black squares represent the standardized mean difference (g) while the left and right extremes of the squares represent the corresponding 95% confidence intervals. The middle of the black diamond represents the overall standardized mean difference (g) while the left and right extremes of the diamond represent the corresponding 95% confidence intervals. Results are ordered from smallest to largest values of g . Negative results favor control groups while positive results favor exercise groups.

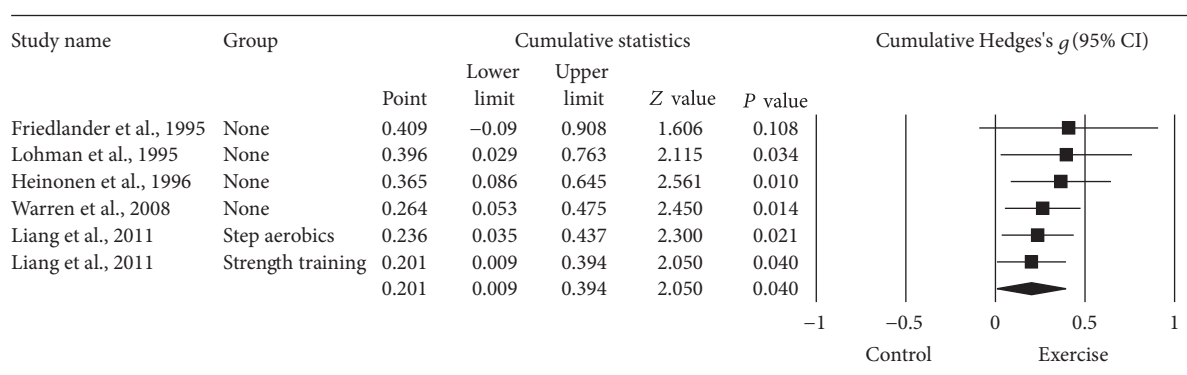


FIGURE 7: Cumulative meta-analysis for changes in LS BMD. Cumulative meta-analysis, ordered by year, for point estimate standardized effect size changes (g) in LS BMD. The black squares represent the standardized mean difference (g) while the left and right extremes of the squares represent the corresponding 95% confidence intervals. The results of each corresponding study are pooled with all studies preceding it. The middle of the black diamond represents the overall standardized mean difference (g) while the left and right extremes of the diamond represent the corresponding 95% confidence intervals. Negative results favor control groups while positive results favor exercise groups.

not known. Previous meta-analytic work in postmenopausal women reported that a 1% improvement in spine BMD was associated with a small but statistically significant 0.03 decrease in the relative risk of vertebral fracture as a result of antiresorptive therapy [71]. However, this study was limited to postmenopausal women using antiresorptive agents. Since the effects of exercise on BMD may be different from antiresorptive therapy, these findings may need to be interpreted with caution when applied to exercise. While additional research is needed, it would seem plausible that any exercise-induced benefit on FN and LS BMD in premenopausal women might be beneficial, especially when viewed from a population-wide perspective.

While the overall results suggest that exercise benefits FN and LS BMD in premenopausal women, these findings should be viewed with respect to several factors. First, the 95% PI for treatment effects if a new trial was conducted crossed zero (0) for both FN and LS BMD. It has been suggested

that nonoverlapping PI allows for more robust meta-analytic conclusions [64]. Second, small-study effects were observed for ES changes in FN BMD. This suggests that ES benefits may be inflated. Third, influence analysis for ES changes in LS BMD resulted in P values > 0.10 when two studies were deleted separately from the model. This suggests a possible lack of robustness across studies. Finally, while BMD has been shown to account for approximately 60% to 70% of the variation in bone strength, it does not account for other aspects of bone quality such as microarchitecture [72, 73]. Thus, the potential benefits of effects of exercise on bone strength, when limited to BMD, may be underestimated. However, a recent systematic review with meta-analysis was only able to locate one randomized controlled trial addressing the effects of exercise on bone outcomes other than BMD (bone strength index, stress-strain index, maximal moment of inertia, cross-sectional moment of inertia, and section moduli) in premenopausal women [74]. Overall,

no statistically significant effect of a 12-month progressive impact exercise program was found at the proximal tibia and femoral shaft [75]. However, greater compliance was associated with improvements ranging from 0.5% to 2.5% at the proximal tibia [75]. Clearly, additional well-designed randomized controlled trials are needed to address the effects of exercise on bone outcomes other than BMD.

Moderator analyses resulted in a trend for greater benefits on FN BMD when exercise took place in the home versus a facility. Since the investigative team is not aware of any consensus in the literature regarding which location is superior, future research in this area appears warranted. In addition to several other non-significant findings, no statistically significant differences were observed when data were partitioned according to type of exercise as well as type of reaction forces induced by exercise.

In subgroup analyses, a recent meta-analysis by James and Carroll reported changes in FN and LS BMD for high-impact only protocols as well as combined impact/resistance training protocols in premenopausal women [41]. A significant improvement in FN but not LS was found as a result of high-impact protocols while combined impact/resistance training resulted in significant improvements in LS but not FN BMD [41]. When limited to ground reaction force exercise, the results of the current meta-analysis are similar to the high-impact protocol results of James and Carroll [41] (FN, $g = 0.454$, 95% CI = 0.143, 0.764, $P = 0.004$; LS, $g = 0.215$, 95% CI = -0.146, 0.576, $P = 0.243$). However, because of the small sample size, investigators in the current meta-analysis were unable to perform subgroup analyses for combined ground and joint reaction force exercise. While these findings are interesting, it is probably not appropriate to make a decision about whether ground and joint reaction force exercise studies should be pooled based on running separate analyses for each. The primary reasons for this include the small sample sizes as well as the inability to control for other potentially confounding variables. Rather, these potential differences would need to be tested in well-designed randomized controlled trials.

Simple metaregression analyses resulted in several noteworthy associations that may be appropriate for future investigation. Specifically, there was a trend for greater increases in FN BMD with shorter exercise interventions as well as a statistically significant association between increases in FN BMD and fewer days per week of exercise. One possible explanation for the negative associations observed may have to do with the loss of calcium from excessive exercise [76, 77]. This causes a decrease in serum calcium, followed by an increase in serum parathyroid hormone, which then stimulates bone resorption [76, 77]. However, no association was observed between changes in FN BMD and duration of training as well as exercise load rating. Thus, while these findings are interesting, further dose-response research is needed before any firm conclusions can be drawn. For resistance training, greater increases in FN BMD were associated with a greater number of sets. Since sweating as a result of resistance training is usually not as great as that from aerobic exercise, it may be that a greater but undetermined amount of resistance training is needed to increase FN

BMD in premenopausal women. However, no association was found between the number of exercises performed and changes in FN BMD. Given the former, it would appear appropriate to suggest that future dose-response studies are needed to address this issue. Until that time, it would appear plausible to suggest adherence to current exercise guidelines for optimizing BMD in adults [78].

The trend for greater benefits in FN BMD and lower baseline BMD at the FN suggests that those with lower FN BMD may derive the greatest benefits as a result of exercise. This finding would seem to be entirely reasonable. The trend for increases in FN BMD to be associated with increases in body weight supports well-established research regarding greater BMD in heavier adult humans. Other than chance, the investigative team has no plausible explanation for the observed association between increases in FN BMD and smaller increases in upper body strength. Finally, there was a trend for greater benefits in LS BMD for those studies published during the earlier years. This observed association may be reflective of improved study designs in more recent years.

While the results for moderator and regression analyses are interesting, they should be viewed with respect to the following potential limitations. First, because of missing data for different variables from different studies, multiple metaregression analysis was not performed. Thus, controlling for potential confounding factors was not possible. Second, because of the large number of statistical tests conducted, one or more of the significant findings may have been nothing more than the play of chance. However, no adjustment was made for alpha values because such adjustments tend to be overly conservative [79]. In addition, the investigative team did not want to miss any potentially important findings that might be worthy of further investigation [79]. Third, since potential moderators and predictors are not randomly assigned in meta-analysis, such analyses are considered to be observational [80]. Therefore, causal inferences cannot be derived [80]. However, such differences and associations do provide direction for future research.

For secondary outcomes, statistically significant increases in both upper and lower body strength were observed. This suggests that exercise, particularly resistance training exercise, can improve both upper and lower body strength in premenopausal women. This observation demonstrates two of the many benefits that can be derived from a regular exercise program [81]. However, results for secondary outcomes in any meta-analysis need to be interpreted with caution since the inclusion of such are not mandatory for inclusion in a meta-analysis. Thus, secondary outcomes may represent a potentially biased sample of results.

Several suggestions in relation to the conduct and reporting of future randomized controlled trials on the effects of exercise in premenopausal women appear appropriate.

The first issue has to do with the risk of bias findings. For example, while all of the studies were considered to be at a low risk of bias with respect to randomized sequence generation, all but one study [15] was considered to be at an unclear risk for adequate allocation concealment. While randomized sequence generation is important, it might be

ineffective if it is not protected by adequate concealment of the allocation from those responsible for enrolling and assigning participants [82]. To support this contention, Pildal et al. [83] reported that binary effect estimates from randomized controlled trials with inadequate allocation concealment were approximately 18% more beneficial than estimates from trials with adequate concealment. However, a more specific analysis by Wood et al. [84] found that intervention effect estimates were inflated when inadequate allocation concealment was present in trials with a subjective outcome but not when the outcome was objective. Given that the primary outcomes in the current meta-analysis were objective measures, that is, changes in FN and LS BMD, inadequate sequence generation may not have posed much of a threat. Notwithstanding the former, it would still seem plausible to suggest that future studies perform appropriate allocation concealment procedures and report this information in their published work.

Because of the objective nature of BMD assessment, all studies were considered to be at a low risk of bias for blinding. While this may indeed be the case, it is also possible that such a classification may not have been appropriate. For example, Pildal et al. [83] reported that a lack of blinding in randomized controlled trials was associated with exaggerated odds ratios averaging 9%. However, this potential form of bias has been reported to be greater for trials with more subjective versus objective outcomes [84]. Thus, blinding as a potential form of bias may not have posed much of a threat in the current meta-analysis. This is important since it is extremely difficult to adequately blind participants enrolled in exercise intervention studies. Regardless, it would seem appropriate to recommend that investigators do the best that they can to blind all relevant parties to group assignment.

Incomplete (missing) outcome data due to drop outs during a study and/or exclusions from a study may result in biased effect estimates [82]. For the current meta-analysis, three studies were considered to be at a low risk for bias [15, 16, 19] while four were classified as unclear risk [14, 17, 18, 20]. However, since no statistically significant differences between the two were found for changes in FN and LS BMD, this potential form of bias did not seem to have an effect in the current meta-analysis.

Selective outcome reporting may be considered as a subset of findings that are reported based on their results [85]. The major concern is that results which are not statistically significant may be withheld. As a result, meta-analyses may overestimate treatment effects. To support this potential form of bias, at least three studies have shown that outcomes with statistically significant findings are more likely to be reported than outcomes with non-significant results [86–88]. For the current meta-analysis, all of the studies were classified as being at an unclear risk of bias for selective outcome reporting. This was based on the fact that none of the studies provided a clinical trials registry number so that the investigative team could retrieve and review the original study protocol. Given the inability to determine such, this potential form of bias cannot be ruled out for the current meta-analysis. It is strongly suggested that future studies report their clinical trials registry number so this potential

form of bias can be determined. However, recent research by Hartling et al. [89], has suggested that the search and identification for study protocols to assess selective outcome reporting bias may not be feasible or productive. Given the former, they suggest that in the absence of study protocols that the outcomes reported in the methods section of a paper should be compared with those reported in the results [89].

Future randomized controlled trials should also report more detailed information, by group, for race/ethnicity, dropouts, adverse events, cigarette smoking, alcohol consumption, pharmacological intake, parental history of osteoporosis and fractures, changes in physical activity habits outside the exercise intervention as well as baseline and final changes in cardiorespiratory fitness, static and dynamic balance, calcium and vitamin D levels, fat mass, and lean body mass. In addition, it is suggested that future studies analyze and report data using both per-protocol and intention-to-treat analyses. This would allow one to determine both the efficacy (per-protocol analysis) and effectiveness (intention-to-treat analysis) of exercise on FN and LS BMD in premenopausal women.

5. Conclusions

The primary and accomplished aim of this study was to use the meta-analytic approach to determine the overall effects of ground and joint reaction exercise on FN and LS BMD in premenopausal women when limited to randomized controlled trials. The overall findings of the current meta-analysis provide additional support regarding the benefits of exercise, including NNT estimates to aid decision makers regarding the utility of exercise for improving FN and LS BMD in premenopausal women. In addition, this study provides first-time meta-analytic evidence, when limited to randomized controlled trials, of potential moderators and predictors with respect to changes in FN and LS BMD, which appears worthy of pursuing in future well-designed randomized controlled trials. The inability of the current meta-analysis to provide a definitive exercise prescription warrants further research. In addition, the results should be interpreted with some trepidation given that the quality of evidence could be improved.

Acknowledgment

This study was supported by Grant no. W81XWH-10-1-0276 from the United States Department of Defense, Army Medical Research and Materiel Command (G. A. Kelley, Principal Investigator).

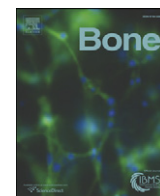
References

- [1] A. G. Robling, A. B. Castillo, and C. H. Turner, "Biomechanical and molecular regulation of bone remodeling," *Annual Review of Biomedical Engineering*, vol. 8, pp. 455–498, 2006.
- [2] T. M. Skerry, "The response of bone to mechanical loading and disuse: fundamental principles and influences on osteoblast/osteocyte homeostasis," *Archives of Biochemistry and Biophysics*, vol. 473, no. 2, pp. 117–123, 2008.

- [3] C. H. Turner and A. G. Robling, "Mechanisms by which exercise improves bone strength," *Journal of Bone and Mineral Metabolism*, vol. 23, supplement 1, pp. 16–22, 2005.
- [4] C. H. Turner and F. M. Pavalko, "Mechanotransduction and functional response of the skeleton to physical stress: the mechanisms and mechanics of bone adaptation," *Journal of Orthopaedic Science*, vol. 3, no. 6, pp. 346–355, 1998.
- [5] R. Zernicke, C. MacKay, and C. Lorincz, "Mechanisms of bone remodeling during weight-bearing exercise," *Applied Physiology, Nutrition and Metabolism*, vol. 31, no. 6, pp. 655–660, 2006.
- [6] P. Schwab and K. Scalapino, "Exercise for bone health: rationale and prescription," *Current Opinion in Rheumatology*, vol. 23, no. 2, pp. 137–141, 2011.
- [7] A. M. Cheung and L. Giangregorio, "Mechanical stimuli and bone health: what is the evidence?" *Current Opinion in Rheumatology*, vol. 24, no. 5, pp. 561–566, 2012.
- [8] C. Lin, X. Jiang, Z. Dai et al., "Sclerostin mediates bone response to mechanical unloading through antagonizing Wnt/ β -catenin signaling," *Journal of Bone and Mineral Research*, vol. 24, no. 10, pp. 1651–1661, 2009.
- [9] M. S. Ardawi, A. A. Rouzi, and M. H. Qari, "Physical activity in relation to serum sclerostin, insulin-like growth factor-1, and bone turnover markers in healthy premenopausal women: a cross-sectional and a longitudinal study," *Journal of Clinical Endocrinology & Metabolism*, vol. 97, no. 10, pp. 3691–3699, 2012.
- [10] K. Amrein, S. Amrein, C. Drexler et al., "Sclerostin and its association with physical activity, age, gender, body composition, and bone mineral content in healthy adults," *Journal of Clinical Endocrinology & Metabolism*, vol. 97, no. 1, pp. 148–154, 2012.
- [11] S. F. Vondracek, L. B. Hansen, and M. T. McDermott, "Osteoporosis risk in premenopausal women," *Pharmacotherapy*, vol. 29, no. 3, pp. 305–317, 2009.
- [12] J. A. Kanis, P. Delmas, P. Burckhardt, C. Cooper, and D. Torgerson, "Guidelines for diagnosis and management of osteoporosis," *Osteoporosis International*, vol. 7, no. 4, pp. 390–406, 1997.
- [13] E. M. Lewiecki, "Low bone mineral density in premenopausal women," *Southern Medical Journal*, vol. 97, no. 6, pp. 544–550, 2004.
- [14] C. A. Bailey and K. Brooke-Wavell, "Optimum frequency of exercise for bone health: randomised controlled trial of a high-impact unilateral intervention," *Bone*, vol. 46, no. 4, pp. 1043–1049, 2010.
- [15] A. L. Friedlander, H. K. Genant, S. Sadowsky, N. N. Byl, and C. C. Glüer, "A two-year program of aerobics and weight training enhances bone mineral density of young women," *Journal of Bone and Mineral Research*, vol. 10, no. 4, pp. 574–585, 1995.
- [16] A. Heinonen, P. Kannus, H. Sievänen et al., "Randomised controlled trial of effect of high-impact exercise on selected risk factors for osteoporotic fractures," *The Lancet*, vol. 348, no. 9038, pp. 1343–1347, 1996.
- [17] M. T. C. Liang, W. Braun, S. L. Bassin et al., "Effect of high-impact aerobics and strength training on BMD in young women aged 20–35 years," *International Journal of Sports Medicine*, vol. 32, no. 2, pp. 100–108, 2011.
- [18] T. Lohman, S. Going, R. Pamentier et al., "Effects of resistance training on regional and total bone mineral density in premenopausal women: a randomized prospective study," *Journal of Bone and Mineral Research*, vol. 10, no. 7, pp. 1015–1024, 1995.
- [19] M. Warren, M. A. Petit, P. J. Hannan, and K. H. Schmitz, "Strength training effects on bone mineral content and density in premenopausal women," *Medicine and Science in Sports and Exercise*, vol. 40, no. 7, pp. 1282–1288, 2008.
- [20] C. M. Weaver, D. Teegarden, R. M. Lyle et al., "Impact of exercise on bone health and contraindication of oral contraceptive use in young women," *Medicine and Science in Sports and Exercise*, vol. 33, no. 6, pp. 873–880, 2001.
- [21] L. V. Hedges and I. Olkin, "Vote-counting methods in research synthesis," *Psychological Bulletin*, vol. 88, no. 2, pp. 359–369, 1980.
- [22] H. S. Sacks, J. Berrier, and D. Reitman, "Meta-analyses of randomized controlled trials," *New England Journal of Medicine*, vol. 316, no. 8, pp. 450–455, 1987.
- [23] O. O. Babatunde, J. J. Forsyth, and C. J. Gidlow, "A meta-analysis of brief high-impact exercises for enhancing bone health in premenopausal women," *Osteoporosis International*, vol. 23, no. 1, pp. 109–119, 2012.
- [24] A. Bérard, G. Bravo, and P. Gauthier, "Meta-analysis of the effectiveness of physical activity for the prevention of bone loss in postmenopausal women," *Osteoporosis International*, vol. 7, no. 4, pp. 331–337, 1997.
- [25] D. Bonaiuti, B. Shea, R. Iovine et al., "Exercise for preventing and treating osteoporosis in postmenopausal women," *Cochrane Database of Systematic Reviews*, no. 3, p. CD000333, 2002.
- [26] T. E. Howe, B. Shea, L. J. Dawson et al., "Exercise for preventing and treating osteoporosis in postmenopausal women," *Cochrane Database of Systematic Reviews*, no. 7, p. CD000333, 2011.
- [27] G. Kelley, "Aerobic exercise and lumbar spine bone mineral density in postmenopausal women: a meta-analysis," *Journal of the American Geriatrics Society*, vol. 46, no. 2, pp. 143–152, 1998.
- [28] G. A. Kelley, "Exercise and regional bone mineral density in postmenopausal women: a meta-analytic review of randomized trials," *American Journal of Physical Medicine and Rehabilitation*, vol. 77, no. 1, pp. 76–87, 1998.
- [29] G. A. Kelley, "Aerobic exercise and bone density at the hip in postmenopausal women: a meta-analysis," *Preventive Medicine*, vol. 27, no. 6, pp. 798–807, 1998.
- [30] G. A. Kelley, K. S. Kelley, and Z. V. Tran, "Exercise and bone mineral density in men: a meta-analysis," *Journal of Applied Physiology*, vol. 88, no. 5, pp. 1730–1736, 2000.
- [31] G. A. Kelley, K. S. Kelley, and Z. V. Tran, "Resistance training and bone mineral density in women: a meta-analysis of controlled trials," *American Journal of Physical Medicine and Rehabilitation*, vol. 80, no. 1, pp. 65–77, 2001.
- [32] G. A. Kelley, K. S. Kelley, and Z. V. Tran, "Exercise and lumbar spine bone mineral density in postmenopausal women: a meta-analysis of individual patient data," *Journals of Gerontology A*, vol. 57, no. 9, pp. M599–M604, 2002.
- [33] G. A. Kelley and K. S. Kelley, "Aerobic exercise and regional bone density in women: a meta-analysis of controlled trials," *American Journal of Medicine and Sports*, vol. 4, pp. 427–433, 2002.
- [34] G. A. Kelley and K. S. Kelley, "Efficacy of resistance exercise on lumbar spine and femoral neck bone mineral density in premenopausal women: a meta-analysis of individual patient data," *Journal of Women's Health*, vol. 13, no. 3, pp. 293–300, 2004.

- [35] G. A. Kelley and K. S. Kelley, "Exercise and bone mineral density at the femoral neck in postmenopausal women: a meta-analysis of controlled clinical trials with individual patient data," *American Journal of Obstetrics and Gynecology*, vol. 194, no. 3, pp. 760–767, 2006.
- [36] E. A. Marques, J. Mota, and J. Carvalho, "Exercise effects on bone mineral density in older adults: a meta-analysis of randomized controlled trials," *Age (Dordr)*, vol. 34, no. 6, pp. 1493–1515, 2012.
- [37] M. M. S. James and S. Carroll, "Progressive high-intensity resistance training and bone mineral density changes among premenopausal women: evidence of discordant site-specific skeletal effects," *Sports Medicine*, vol. 36, no. 8, pp. 683–704, 2006.
- [38] M. M. S. James and S. Carroll, "Meta-analysis of walking for preservation of bone mineral density in postmenopausal women," *Bone*, vol. 43, no. 3, pp. 521–531, 2008.
- [39] M. M. S. James and S. Carroll, "A meta-analysis of impact exercise on postmenopausal bone loss: the case for mixed loading exercise programmes," *British Journal of Sports Medicine*, vol. 43, no. 12, pp. 898–908, 2009.
- [40] M. M. S. James and S. Carroll, "High-intensity resistance training and postmenopausal bone loss: a meta-analysis," *Osteoporosis International*, vol. 17, no. 8, pp. 1225–1240, 2006.
- [41] M. M. S. James and S. Carroll, "Effects of different impact exercise modalities on bone mineral density in premenopausal women: a meta-analysis," *Journal of Bone and Mineral Metabolism*, vol. 28, no. 3, pp. 251–267, 2010.
- [42] K. M. Palombaro, "Effects of walking-only interventions on bone mineral density at various skeletal sites: a meta-analysis," *Journal of Geriatric Physical Therapy*, vol. 28, no. 3, pp. 102–107, 2005.
- [43] I. Polidoulis, J. Beyene, and A. M. Cheung, "The effect of exercise on pQCT parameters of bone structure and strength in postmenopausal women—a systematic review and meta-analysis of randomized controlled trials," *Osteoporosis International*, pp. 1–13, 2011.
- [44] B. A. Wallace and R. G. Cumming, "Systematic review of randomized trials of the effect of exercise on bone mass in pre- and postmenopausal women," *Calcified Tissue International*, vol. 67, no. 1, pp. 10–18, 2000.
- [45] I. Wolff, J. J. Van Croonenborg, H. C. G. Kemper, P. J. Kostense, and J. W. R. Twisk, "The effect of exercise training programs on bone mass: a meta-analysis of published controlled trials in pre- and postmenopausal women," *Osteoporosis International*, vol. 9, no. 1, pp. 1–12, 1999.
- [46] H. Sacks, T. C. Chalmers, and H. Smith, "Randomized versus historical controls for clinical trials," *American Journal of Medicine*, vol. 72, no. 2, pp. 233–240, 1982.
- [47] K. F. Schulz, L. Chalmers, R. J. Hayes, and D. G. Altman, "Empirical evidence of bias: dimensions of methodological quality associated with estimates of treatment effects in controlled trials," *Journal of the American Medical Association*, vol. 273, no. 5, pp. 408–412, 1995.
- [48] H. C. Kraemer and D. J. Kupfer, "Size of treatment effects and their importance to clinical research and practice," *Biological Psychiatry*, vol. 59, no. 11, pp. 990–996, 2006.
- [49] A. M. Parfitt, "Osteonal and Hemi-Osteonal remodeling: the spatial and temporal framework for signal traffic in adult human bone," *Journal of Cellular Biochemistry*, vol. 55, no. 3, pp. 273–286, 1994.
- [50] S. C. Manolagas, "Birth and death of bone cells: basic regulatory mechanisms and implications for the pathogenesis and treatment of osteoporosis," *Endocrine Reviews*, vol. 21, no. 2, pp. 115–137, 2000.
- [51] B. K. Weeks and B. R. Beck, "The BPAQ: a bone-specific physical activity assessment instrument," *Osteoporosis International*, vol. 19, no. 11, pp. 1567–1577, 2008.
- [52] M. Sinaki, H. W. Wahner, K. P. Offord, and S. F. Hodgson, "Efficacy of nonloading exercises in prevention of vertebral bone loss in postmenopausal women: a controlled trial," *Mayo Clinic Proceedings*, vol. 64, no. 7, pp. 762–769, 1989.
- [53] A. Liberati, D. G. Altman, J. Tetzlaff et al., "The PRISMA statement for reporting systematic reviews and meta-analyses of studies that evaluate health care interventions: explanation and elaboration," *Annals of Internal Medicine*, vol. 151, no. 4, pp. W-65–W-94, 2009.
- [54] M. L. van Driel, A. De Sutter, J. De Maeseneer, and T. Christiaens, "Searching for unpublished trials in Cochrane reviews may not be worth the effort," *Journal of Clinical Epidemiology*, vol. 62, no. 8, pp. 838–e3, 2009.
- [55] Thompson ResearchSoft, *Reference Manager*. (12. 0. 1), Thompson ResearchSoft, Philadelphia, Pa, USA, 2009.
- [56] Microsoft Corporation, *Microsoft Excel*. (2007), Microsoft Corporation, Redmond, Wash, USA, 2007.
- [57] J. P. T. Higgins and S. Green, "Cochrane handbook for systematic reviews of interventions (version 5. 0. 2)," 2009.
- [58] L. V. Hedges and I. Olkin, *Statistical Methods For Meta-Analysis*, Academic Press, San Diego, Calif, USA, 1985.
- [59] D. Follmann, P. Elliott, I. Suh, and J. Cutler, "Variance imputation for overviews of clinical trials with continuous response," *Journal of Clinical Epidemiology*, vol. 45, no. 7, pp. 769–773, 1992.
- [60] J. Cohen, "A power primer," *Psychological Bulletin*, vol. 112, no. 1, pp. 155–159, 1992.
- [61] R. DerSimonian and N. Laird, "Meta-analysis in clinical trials," *Controlled Clinical Trials*, vol. 7, no. 3, pp. 177–188, 1986.
- [62] J. P. T. Higgins, S. G. Thompson, and D. J. Spiegelhalter, "A re-evaluation of random-effects meta-analysis," *Journal of the Royal Statistical Society A*, vol. 172, no. 1, pp. 137–159, 2009.
- [63] G. A. Kelley and K. S. Kelley, "Impact of progressive resistance training on lipids and lipoproteins in adults: another look at a meta-analysis using prediction intervals," *Preventive Medicine*, vol. 49, no. 6, pp. 473–475, 2009.
- [64] P. L. Graham and J. L. Moran, "Robust meta-analytic conclusions mandate the provision of prediction intervals in meta-analysis summaries," *Journal of Clinical Epidemiology*, vol. 65, no. 5, pp. 503–510, 2012.
- [65] J. P. T. Higgins, S. G. Thompson, J. J. Deeks, and D. G. Altman, "Measuring inconsistency in meta-analyses," *British Medical Journal*, vol. 327, no. 7414, pp. 557–560, 2003.
- [66] M. Egger, G. D. Smith, M. Schneider, and C. Minder, "Bias in meta-analysis detected by a simple, graphical test," *British Medical Journal*, vol. 315, no. 7109, pp. 629–634, 1997.
- [67] J. Lau, C. H. Schmid, and T. C. Chalmers, "Cumulative meta-analysis of clinical trials builds evidence for exemplary medical care," *Journal of Clinical Epidemiology*, vol. 48, no. 1, pp. 45–57, 1995.
- [68] Biostat, *Comprehensive Meta-Analysis*. (2. 2), Biostat, Englewood, NJ, USA, 2006.
- [69] Statistical Services Center, *SSC-Stat*. (2. 18), Statistical Services Center, University of Reading, Reading, UK, 2007.

- [70] G. V. Glass, B. McGaw, and M. L. Smith, *Meta-Analysis in Social Research*, Sage, Newbury Park, Calif, USA, 1981.
- [71] S. R. Cummings, D. B. Karpf, F. Harris et al., "Improvement in spine bone density and reduction in risk of vertebral fractures during treatment with antiresorptive drugs," *American Journal of Medicine*, vol. 112, no. 4, pp. 281–289, 2002.
- [72] P. Ammann and R. Rizzoli, "Bone strength and its determinants," *Osteoporosis International*, vol. 14, supplement 3, pp. S13–S18, 2003.
- [73] NIH Consensus Development Panel, "Osteoporosis prevention, diagnosis, and therapy," *Journal of the American Medical Association*, vol. 285, no. 6, pp. 785–795, 2001.
- [74] R. Nikander, H. Sievänen, A. Heinonen, R. M. Daly, K. Uusi-Rasi, and P. Kannus, "Targeted exercise against osteoporosis: a systematic review and meta-analysis for optimising bone strength throughout life," *BMC Medicine*, vol. 8, p. 47, 2010.
- [75] A. Vainionpää, R. Korpelainen, H. Sievänen, E. Vihriälä, J. Leppäluoto, and T. Jämsä, "Effect of impact exercise and its intensity on bone geometry at weight-bearing tibia and femur," *Bone*, vol. 40, no. 3, pp. 604–611, 2007.
- [76] D. W. Barry and W. M. Kohrt, "BMD decreases over the course of a year in competitive male cyclists," *Journal of Bone and Mineral Research*, vol. 23, no. 4, pp. 484–491, 2008.
- [77] D. W. Barry and W. M. Kohrt, "Acute effects of 2 hours of moderate-intensity cycling on serum parathyroid hormone and calcium," *Calcified Tissue International*, vol. 80, no. 6, pp. 359–365, 2007.
- [78] W. M. Kohrt, S. A. Bloomfield, K. D. Little, M. E. Nelson, and V. R. Yingling, "Physical activity and bone health," *Medicine and Science in Sports and Exercise*, vol. 36, no. 11, pp. 1985–1996, 2004.
- [79] K. J. Rothman, "No adjustments are needed for multiple comparisons," *Epidemiology*, vol. 1, no. 1, pp. 43–46, 1990.
- [80] J. H. Littel, J. Corcoran, and V. Pillai, *Systematic Reviews and Meta-Analysis*, Oxford University Press, New York, NY, USA, 2008.
- [81] B. K. Pedersen and B. Saltin, "Evidence for prescribing exercise as therapy in chronic disease," *Scandinavian Journal of Medicine and Science in Sports*, vol. 16, no. 1, pp. 3–63, 2006.
- [82] J. P. T. Higgins and S. Green, *Cochrane Handbook For Systematic Reviews of Interventions Version 5.1.0 [Updated March 2011]*, The Cochrane Collaboration, Melbourne, Australia, 2011.
- [83] J. Pildal, A. Hróbjartsson, K. J. Jørgensen, J. Hilden, D. G. Altman, and P. C. Gøtzsche, "Impact of allocation concealment on conclusions drawn from meta-analyses of randomized trials," *International Journal of Epidemiology*, vol. 36, no. 4, pp. 847–857, 2007.
- [84] L. Wood, M. Egger, L. L. Gluud et al., "Empirical evidence of bias in treatment effect estimates in controlled trials with different interventions and outcomes: meta-epidemiological study," *British Medical Journal*, vol. 336, no. 7644, pp. 601–605, 2008.
- [85] J. L. Hutton and P. R. Williamson, "Bias in meta-analysis due to outcome variable selection within studies," *Journal of the Royal Statistical Society C*, vol. 49, no. 3, pp. 359–370, 2000.
- [86] A. W. Chan, K. Krleža-Jerić, I. Schmid, and D. G. Altman, "Outcome reporting bias in randomized trials funded by the Canadian Institutes of Health Research," *Canadian Medical Association Journal*, vol. 171, no. 7, pp. 735–740, 2004.
- [87] A. W. Chan, A. Hróbjartsson, M. T. Haahr, P. C. Gøtzsche, and D. G. Altman, "Empirical evidence for selective reporting of outcomes in randomized trials: comparison of protocols to published articles," *Journal of the American Medical Association*, vol. 291, no. 20, pp. 2457–2465, 2004.
- [88] A. W. Chan and D. G. Altman, "Identifying outcome reporting bias in randomised trials on PubMed: review of publications and survey of authors," *British Medical Journal*, vol. 330, no. 7494, pp. 753–756, 2005.
- [89] L. Hartling, M. Ospina, Y. Liang et al., "Risk of bias versus quality assessment of randomised controlled trials: cross sectional study," *British Medical Journal*, vol. 339, p. b4012, 2009.



Original Full Length Article

Exercise and bone mineral density in men: A meta-analysis of randomized controlled trials

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ARTICLE INFO

Article history:

Received 16 July 2012

Revised 15 November 2012

Accepted 19 November 2012

Available online 4 December 2012

Edited by: Felicia Cosman

Keywords:

Exercise

Bone

Osteoporosis

Men

Meta-analysis

ABSTRACT

Objective: Use the meta-analytic approach to examine the effects of ground and/or joint reaction force exercise on femoral neck (FN) and lumbar spine (LS) bone mineral density (BMD) in men.

Methods: Randomized controlled exercise trials ≥ 24 weeks were included. Standardized effect sizes (g) were calculated and pooled using random-effects models, z -score alpha values and 95% confidence intervals (CI). Heterogeneity was examined using Q and I^2 . Statistical significance was set at a two-tailed alpha value (p) of ≤ 0.05 and a trend at >0.05 to ≤ 0.10 .

Results: A moderate and statistically significant improvement was found at the FN (3 g's, 187 participants, $g = 0.583$, 95% CI = 0.031, 1.135, $p = 0.04$, $Q = 5.6$, $p = 0.06$, $I^2 = 64\%$) while a small trend was observed at the LS (5 g's, 275 participants, $g = 0.190$, 95% CI = -0.036 , 0.416, $p = 0.10$, $Q = 3.0$, $p = 0.55$, $I^2 = 0\%$). Results were sensitive to influence analysis as well as collapsing multiple groups from the same studies so that only one g represented each study.

Conclusions: There is currently insufficient evidence to recommend ground and/or joint reaction force exercise for improving and/or maintaining FN and LS BMD in men. Additional well-designed randomized controlled trials are needed before any final recommendations can be formulated.

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Introduction

Low bone mass (osteopenia) and osteoporosis increase the risk for fracture. For example, it has been estimated that the worldwide incidence of osteoporosis-related fractures is 8.9 million per year, about one every 3 s [1]. The two most common sites for osteoporosis-related fracture are the hip and spine [1].

While the prevalence of osteopenia and osteoporosis is more common in women than men [2], the burden of this problem among men is still substantial. For example, recent data from the US National Center for Health Statistics reported that the age-adjusted prevalence of osteopenia among US men 50 years of age and older was 38% while the age-adjusted prevalence for osteoporosis was 4% [2]. Using the 2010 population estimates from the US Census Bureau [3], this means that approximately 16.8 million US men 50 years of age and older currently have osteopenia while more than 1.7 million have osteoporosis. In addition, fracture-related mortality rates are higher in men than women

[4]. For example, men with hip fractures have mortality rates that are two to three times higher than women [5–7]. The issue of fracture-related mortality in men is especially important given that the lifetime risk for any osteoporotic fracture has been estimated to be between 13% and 22% in men 50 years of age and older [8] and 42% in osteoporotic men 60 years of age and older [9]. To compound this problem, it is estimated that by the year 2025, the worldwide incidence of hip fractures occurring in men will increase from 0.5 million in 1990 [10] to 1.16 million in 2025 [11].

Maintaining optimal bone mineral density (BMD) levels in men during the adult years is important for reducing the risk of fracture. While men traditionally reach peak spine BMD by the age of 18 years and peak hip BMD several years later [12], bone loss during the adult years occurs as a result of bone resorption exceeding formation, with reported estimates between 0.5% and 1.0% per year starting as early as 30 years of age [13–16]. One potential, low-cost, readily available non-pharmacologic approach for maintaining optimal BMD levels in men is exercise. Unfortunately, while some consider systematic reviews with meta-analysis as the highest level of evidence for reaching decisions regarding the effectiveness of an intervention on an outcome [17], especially when limited to randomized controlled trials [18], the investigative team is aware of only one meta-analysis, conducted more than a decade ago, focused on the effects of exercise on BMD in men [19]. Included in the meta-analysis were 6 controlled trials and

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only 2 randomized controlled trials in which BMD was assessed at any region [19]. While the results were not statistically significant, the overall benefits of exercise were approximately 2%; a 1.6% increase among exercisers and a 0.4% decrease in controls [19]. When partitioned according to age, a statistically significant benefit of 6.7% (4.2% increase in exercisers, 2.5% decrease in controls) was found in men > 31 years of age with no difference in men ≤ 31 years of age [19]. In addition, a statistically significant benefit of 10.7% (5.8% increase in exercisers, 4.9% decrease in controls) was observed at the lumbar spine (LS) as well as a 5% benefit at the femur (4.0% increase in exercise groups, 1.9% decrease in controls) [19]. While statistically significant benefits were observed, both randomized and nonrandomized controlled trials were included with only two of the eight studies (25%) reported as randomized controlled trials [19]. In addition, results for the femur were pooled across all femur sites assessed, not just the femoral neck (FN) [19]. The inclusion of nonrandomized controlled trials is potentially problematic because randomized controlled trials are the only way to control for confounders that are not known or measured and nonrandomized controlled trials tend to overestimate the effects of healthcare interventions [20,21]. In addition, since the FN is the most common hip fracture site [22], a focus on this location versus all hip sites combined is important. Furthermore, since this study was conducted more than a decade ago and the median time before a meta-analysis should be updated has been estimated at 5.5 years [23], this work is in need of updating. Given the former, the purpose of this study was to use the aggregate data meta-analytic approach to examine the effects of exercise on FN and LS BMD in men.

Methods

Study eligibility criteria

The a priori inclusion criteria for studies were as follows: (1) randomized trials with a comparative control group (non-intervention, usual care, attention control), (2) men 18 years of age and older, (3) participants not taking part in regular exercise prior to study enrollment, (4) ground and/or joint reaction force exercise intervention of at least 24 weeks, (5) published and unpublished (master's theses and dissertations) studies since January 1989, and (6) data available for changes in FN and/or LS BMD as assessed by dual-energy X-ray absorptiometry (DEXA) or dual-photon absorptiometry (DPA). Studies not meeting all of the above criteria were excluded. Based on exercise-induced changes in BMD, studies were limited to those in which the exercise intervention lasted at least 24 weeks [24]. Since the investigative team was interested in the independent effects of exercise on FN and LS BMD, studies with multiple interventions, for example exercise and milk, were included as long as there was an adequate comparison group, for example, milk only [25]. Resistance training studies were limited to those that included lower body exercise. The year 1989 was chosen as the start date for inclusion since it appeared to be the first time that a randomized controlled trial on exercise and BMD in adult humans was conducted [26].

Data sources

Studies were identified from a large, previously developed reference database that included 1055 exclusive citations (Fig. 1). Records for the original reference database were retrieved from six electronic sources (PubMed, Embase, SportDiscus, Cochrane Central Register of Controlled Clinical Trials, CINAHL, Dissertation Abstracts International). In addition, cross-referencing from retrieved studies, including previous reviews was conducted. Furthermore, hand searching of selected journals took place. A list of journals that were hand searched is available upon request from the corresponding author. Keywords relevant to all searches included various forms of the following: "exercise", "bone" and "randomized". All searches were conducted by the second

author with assistance from a Health Sciences librarian at West Virginia University. The last search was conducted in August of 2011. Based on the recent Preferred Reporting Items for Systematic Reviews and Meta-Analyses guidelines [27], an example of the search strategy used for one of the electronic databases is shown in Supplementary File 1.

Study selection

Potentially eligible studies were selected autonomously by the first two authors. They then met and reviewed all selections for accuracy. Differences were resolved by consensus. If consensus could not be reached, the third author served as a conciliator. In addition, the final list of selected studies was reviewed for thoroughness and comprehensiveness by the third author, an expert on exercise and BMD. A list of included and excluded studies, including the reasons for exclusion, was stored in Reference Manager, version 12.0.1 [28].

Data abstraction

Prior to data abstraction electronic codebooks were developed using Microsoft Excel 2007 [29]. All codebooks were created by the first author with contributions from the second and third authors. Every codebook was then reviewed and tested by all authors. Codebooks were then modified by the first author and reviewed and tested by all authors until final codebooks for data abstraction were available after three iterations. The main categories of variables coded were (1) study characteristics (journal, risk of bias assessment, etc.), (2) group characteristics (age, bodyweight, etc.) and (3) outcome characteristics (changes in FN and LS BMD, secondary outcomes, etc.). All codebooks could retain up to 324 items from each study.

The a priori primary outcomes for this study were changes in FN and LS BMD. Secondary a priori outcomes included changes in other BMD sites (whole body, Ward's triangle, intertrochanter, trochanter, total hip, radius, ulna, calcaneus, os calcis), body weight, body mass index (BMI), lean body mass (LBM), percent body fat, fat mass, muscular strength (upper and/or lower), muscular power, cardiorespiratory fitness, balance (static and dynamic), calcium intake, vitamin D intake and fractures. The exercise load rating for each exercise group from each study was calculated using the product of vertical ground reaction force and rate of force application as described by Weeks and Beck [30].

All data were abstracted by the first two authors, independent of each other. They then met and reviewed every selection for correctness. Differences were resolved by discussion. If agreement could not be reached, the third author served as a conciliator. Missing data from one study that met all inclusion criteria was requested and successfully obtained [25].

Risk of bias assessment

Risk of bias was assessed using the Cochrane risk of bias assessment tool [31]. Briefly, risk of bias is assessed as either low risk, high risk, or unclear risk in five primary areas: (1) sequence generation, (2) allocation concealment, (3) blinding of participants, personnel and outcome assessors, (4) incomplete outcome data, and (5) selective outcome reporting. Given the objective nature of BMD assessment, all studies were considered to be at a low risk of bias with respect to blinding. Risk of bias for selective outcome reporting was coded as "low risk" only if the study reported a study protocol identification number [32]. All risk of bias assessments were conducted by the first two authors, independent of each other. They then met and reviewed every item for agreement. Disagreements were resolved by consensus.

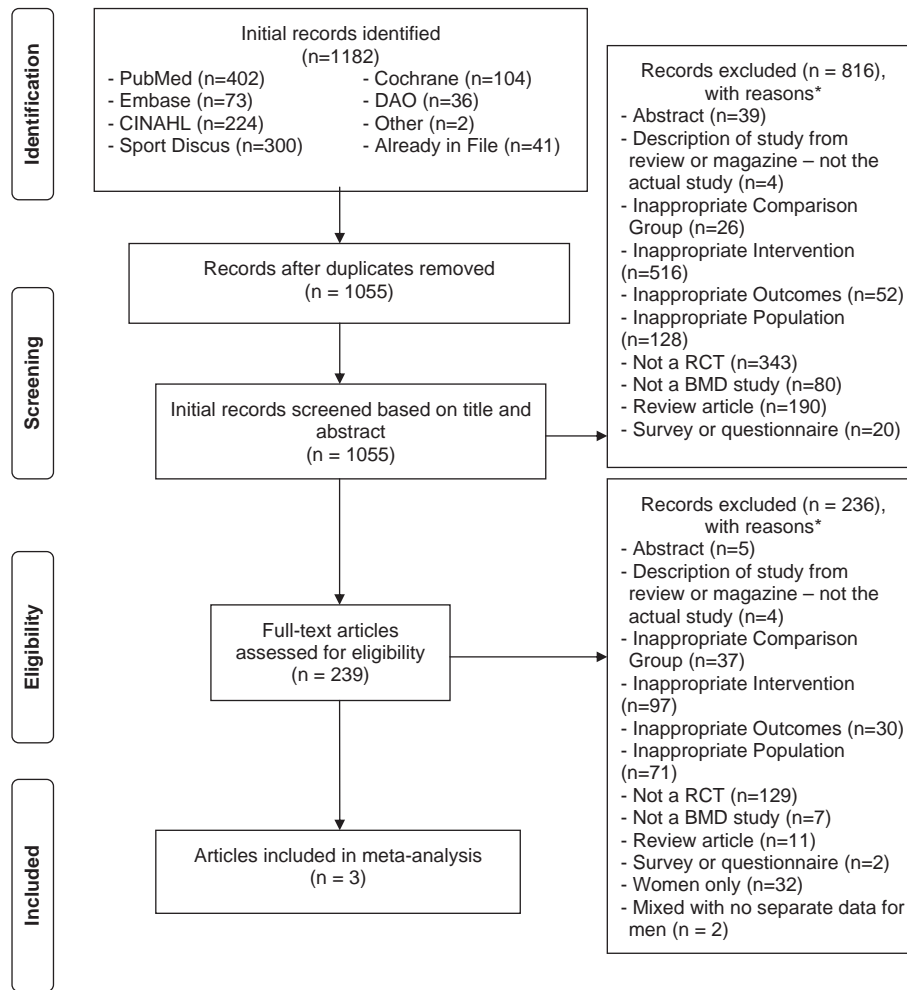


Fig. 1. Flow diagram for the selection of studies. *, number of reasons exceeds the number of studies because some studies were excluded for more than one reason.

Statistical analysis

Calculation of effect sizes from each study

The a priori primary outcomes for this meta-analysis were changes in FN and LS BMD. These were calculated using the standardized effect size (ES) g [33]. The g was chosen over the original metric because of the different methods used to report data, specifically, absolute versus relative changes in BMD as well as the variability in assessing BMD across different studies. The g for each group from each study was calculated as the change score difference (absolute or relative) in the exercise group minus the change score difference in the control group, divided by the pooled standard deviation of the exercise and control groups. The variance for each g was calculated from final sample sizes using traditional procedures [33]. All g 's were corrected for small sample bias [33].

The a priori secondary outcomes included changes in BMD at any site other than the FN and LS as well as changes in body weight in kilograms, BMI in kg/m^2 , LBM, percent body fat, muscular strength (lower and upper), muscular power, cardiorespiratory fitness, balance (static and dynamic), calcium, vitamin D intake and fracture risk. However, because of a lack of data (<2 studies and/or <3 total g 's per outcome), meta-analysis of secondary outcomes was limited to changes in total hip BMD, body weight and BMI. For total hip BMD, g was calculated using the same procedures as for our primary outcomes, FN and LS BMD. For body weight and BMI the original metric ES for each group from each study was calculated by subtracting the change score difference in the exercise group from the change

score difference in the control group. Variances were calculated from the pooled standard deviations of change scores in the intervention and control groups.

Effect size pooling

All ESs were pooled using a random-effect, method of moments model [34]. This approach weights studies by the inverse of the variance and incorporates heterogeneity into the model [34]. For both primary and secondary outcomes, pooling was limited to those outcomes with a minimum of 3 ESs from at least 2 studies. Multiple groups from the same study were analyzed both independently and with multiple groups collapsed so that only one ES represented each outcome from each study. For g , the magnitude may be considered as trivial (<0.20), small (≥ 0.20 to <0.50), medium (≥ 0.50 to <0.80), or large (≥ 0.80) [35]. A two-tailed z -score alpha value of ≤ 0.05 was considered statistically significant while alpha values >0.05 but ≤ 0.10 were considered as a trend. Precision was determined using two-tailed 95% confidence intervals (CIs). For outcomes with statistically significant results or a trend for statistically significant results, estimation of treatment effects in a new trial was calculated using 95% prediction intervals (PI) [36–38]. Analysis of secondary outcomes was considered exploratory because they were not part of the inclusion criteria, and thus, may represent a biased sample. After initial pooling, any outcomes with statistically significant residuals, i.e., outliers ($p \leq 0.05$) were deleted from all further analysis.

Heterogeneity of pooled results based on fixed-effect models were examined using the Q statistic and I^2 , an extension of Q that more accurately reflects heterogeneity [39]. The alpha value for statistical significance for Q was set at $p \leq 0.10$. For I^2 , values of 25% to <50% may be considered small, 50% to <75% medium, and $\geq 75\%$ large [39]. Potential bias due to small-study effects was examined using the approach of Duval and Tweedie [40,41]. For FN and LS BMD, influence analysis was conducted in order to examine the effects of each ES on the overall results.

Moderator and meta-regression analyses

Given the small number of ES's for each outcome, no moderator or meta-regression analyses were performed.

Software used for statistical analysis

All data were analyzed using Comprehensive Meta-Analysis (version 2.2) [42], Microsoft Excel 2007 [29] and SSC-Stat (version 2.18) [43].

Results

Study characteristics

Of the 1055 citations reviewed, three studies representing nine groups (five exercise and four control) and up to 275 participants (152 exercise, 123 control) met all eligibility criteria [25,44,45]. The number of groups exceeded the number of studies because two studies included more than one intervention group [25,44]. A flow diagram that describes the selection of studies is shown in Fig. 1 while a general description of the included studies is shown in Table 1. A list of excluded studies, including the primary reason(s) for exclusion, is available upon request from the corresponding author.

Two of the included studies were dissertations [44,45] while the other was published in a peer-reviewed journal [25]. All three were published in the English-language starting with the year 2004 and ending in 2011 [25,44,45]. One study was conducted in the United States [45], one in Australia [25] and one in China [44]. Prior to randomization, one study matched participants by age and calcium intake [25] while another matched according to gender [44]. However, since the focus of this meta-analysis was on men, data for women were not included. The maximum number of men in which final BMD assessment was available in each group from each study ranged from 6 to 44 in the exercise groups (mean \pm SD, 30 ± 15 , Mdn, 30) and 9 to 43 in the controls (mean \pm SD, 31 ± 16 , Mdn, 36). None of the studies used a crossover design. All three studies provided sample size estimates [25,44,45].

Participant characteristics

A description of the baseline characteristics of participants is shown in Tables 1 and 2.

Within-study ages ranged from 41 to 79 years in the exercise groups and 50 to 79 years in controls. Dropouts ranged from 0% to 12.5% in the exercise intervention groups (mean \pm SD, $4.9\% \pm 4.6\%$, Mdn, 4.3%) and 3.3% to 10.0% in the controls (mean \pm SD, $5.6\% \pm 3.0\%$, Mdn, 4.5%). The primary reason for dropping out was time constraints. Other reasons included moving as well as dissatisfaction with participation in the study. No serious adverse events were reported. For those studies in which race/ethnicity information was available, one was limited to Asian participants [44] while another was limited to Whites [25]. Two of the studies reported that none of the participants were taking any type of drugs that could affect bone metabolism [25,45]. None of the studies appeared to include participants who had osteoporosis [25,44,45]. However, one study did include some participants with osteopenia [25]. For cigarette smoking, one study reported that some participants smoked cigarettes [44] while another reported that none did [25]. With respect to alcohol consumption, one study reported that none of the participants in the control and one exercise group consumed alcohol while some reportedly consumed alcohol in another exercise group [44]. No change in exercise habits beyond the actual exercise intervention was reported by one study [25]. For calcium and vitamin D intake, two groups from two studies received supplemental calcium and vitamin D [25,45] while one group from one study did not receive any type of calcium and vitamin D supplementation [25]. One study reported that none of the participants had a history of fractures prior to study entry [25].

Exercise intervention characteristics

A general description of the exercise interventions is provided in Table 1. As can be seen, the exercise modalities varied both within and between studies. Length of exercise training took place 3 times per week for 32 to 72 weeks (mean \pm SD, 56 ± 17 weeks, Mdn, 52 weeks). Compliance ranged from 63% to 96% (mean \pm SD, $72.4\% \pm 14.5\%$, Mdn, 63%). Three groups participated in supervised exercise while one group each participated in combined supervised and unsupervised exercise or unsupervised exercise only. For location, three groups participated in facility-based exercise while one group each participated in either home and facility-based exercise or home-based exercise only. Load ratings for the exercise interventions ranged from 10 to 1375 (mean \pm SD, 556.0 ± 747.6 , Mdn, 10).

Table 1
General characteristics of included studies.

Study	Country	Participants	Exercise intervention	BMD assessment
Hong [44]	China	82 healthy men 65 to 74 yrs of age assigned to a Tai Chi (n = 26), resistance training (n = 27, or control (n = 29) group	3 days/wk: Tai Chi: Yang style, 24 forms, 45 min; Resistance Training: 1 set, 30 reps, 7 exercises, Therabands used for resistance; for 12 months	DEXA (Hologic QDR 4500 Elite) at the FN & LS
Kukuljan et al. [25]	Australia	176 healthy men 50 to 79 yrs of age assigned to an exercise (n = 46), exercise + milk (n = 43), control (n = 44) or milk (n = 43) group	3 days/wk, 60–75 min/session, Resistance Training: 2–3 sets, 8–20 reps, 50–85% 1RM, 6–8 exercises plus 3 moderate-impact weight-bearing exercises (jumping & stepping) in between resistance exercises 3 sets of 10–20 reps, for 18 months	DEXA (GE Lunar Prodigy) at the FN & LS
Zeilman [45]	United States	16 sedentary men with irritable bowel syndrome 41 to 75 yrs of age assigned to either an exercise (n = 7) or control (n = 9) group	3 days/wk, 50 min/session, stretching, flexibility calisthenics & walking with weighted vests and a pedometer, for 32 wks	DEXA (Lunar Prodigy) at the FN & LS

Notes: BMD, bone mineral density; DEXA, dual-energy X-ray absorptiometry; FN, femoral neck; LS, lumbar spine; yrs, years; min, minute(s); wks, weeks; wk, week; RM, repetition maximum; reps, repetitions; description of groups limited to those that met the inclusion criteria for the current meta-analysis; description of BMD assessment limited to the primary outcomes of the current meta-analysis (FN and LS). Number of subjects limited to those in which final BMD assessments were available.

Table 2
Initial physical characteristics of participants.

Variable	Exercise					Control				
	Groups (#)	Participants (#)	Mean \pm SD	Mdn	Range	Groups (#)	Participants (#)	Mean \pm SD	Mdn	Range
Age (yrs)	5	152	62.0 \pm 7.4	62	51–69	4	123	62.3 \pm 4.0	61	59–68
Body weight (kg)	–	–	–	–	–	–	–	–	–	–
BMI (kg/m ²)	3	65	26.4 \pm 4.4	24	23.6–31.4	–	–	–	–	–
BMD (g/cm ²)										
Femoral neck	3	93	0.907 \pm 0.040	0.922	0.862–0.938	3	94	0.926 \pm 0.007	0.927	0.919–1.933
Lumbar spine	5	152	1.105 \pm 0.135	1.106	0.950–1.247	4	123	1.158 \pm 0.133	1.218	0.960–1.238
Total hip	5	146	0.914 \pm 0.109	0.890	0.774–1.026	4	123	0.982 \pm 0.092	1.007	0.850–1.062

Notes: Groups (#), number of groups in which data were available; participants (#), number of participants nested within groups; SD, standard deviation; Mdn, median; BMD, bone mineral density, BMI, body mass index; –, insufficient data (<3).

BMD assessment characteristics

All three studies used dual-energy X-ray absorptiometry (DEXA) for assessing LS and FN BMD [25,44,45]. Two studies used the Lunar Prodigy instrument [25,45] while the other used the Hologic QDR 4500 [44]. With respect to the site of LS BMD assessment, two studies assessed BMD at the L2–L4 sites [44,45] and the other at the L1–L4 sites [25]. Insufficient data were reported on the site-specific reliability of the instruments for assessing FN and LS BMD.

Risk of bias assessment

All three studies were considered to be at a low risk of bias with respect to randomized sequence generation, blinding and incomplete outcome data (attrition bias) [25,44,45]. In contrast, all three studies were considered to be at an unclear risk for bias in relation to allocation concealment and incomplete outcome reporting [25,44,45].

Changes in primary outcomes

Changes in FN BMD

Changes in FN BMD are shown in Table 3 and Fig. 2. Overall, a moderate and statistically significant benefit of exercise on FN BMD was observed as well as a trend for a statistically significant and moderate amount of heterogeneity. No outliers were detected and no adjustment for small-study effects was necessary. The 95% PI was –0.542 to 6.590. With each group deleted from the model once, the study by Zeilman [45] had the most significant influence, resulting in a large and statistically significant benefit when excluded and non-significant results when pooled with each of the other groups (Fig. 3). When results were collapsed so that only one *g* represented each study, results were small, non-significant, and with a large and statistically significant amount of heterogeneity ($g = 0.284$, 95% CI = –0.946, 1.514, $p = 0.65$, $Q = 5.2$, $p = 0.02$, $I^2 = 80.8\%$).

Changes in LS BMD

Changes in LS BMD are shown in Table 3 and Fig. 4. As can be seen, a trend for a small and statistically significant benefit of exercise on LS BMD was observed. This was equivalent to a relative benefit of approximately 1%. No heterogeneity was found. In addition, no outliers were detected and no adjustment for small-study effects was necessary. The 95% PI was –0.176 to 0.556. With each group deleted from the model once, the exercise and milk group in the study by Kukuljan et al. [25,45] had the most significant influence, resulting in a statistically significant benefit of exercise on LS BMD when excluded from the model (Fig. 5). When results were collapsed so that only one *g* represented each study, results remained small with a trend for statistical significance and no heterogeneity ($g = 0.190$, 95% CI = –0.036, 0.416, $p = 0.10$, $Q = 0.04$, $p = 0.98$, $I^2 = 0\%$).

Changes in secondary outcomes

Changes in secondary outcomes are shown in Table 3. As can be seen, no statistically significant benefit of exercise was observed at the total hip. In addition, no significant heterogeneity was observed and no outliers were detected. With each group deleted from the model once, results remained non-significant. When findings were collapsed so that only one *g* represented each study, results remained non-significant with a small amount of non-significant heterogeneity ($g = -0.024$, 95% CI = –0.341, 0.294, $p = 0.88$, $Q = 3.13$, $p = 0.21$, $I^2 = 36.2\%$). For body weight, a small non-significant reduction was observed as well as no statistically significant heterogeneity. In addition, no outliers were found. When each group was deleted from the model once, results remained non-significant with no statistically significant heterogeneity. When findings were collapsed so that only one ES represented each study, results remained non-significant with a small amount of non-significant heterogeneity (–0.06 kg, 95% CI = –0.24, 0.11 kg, $p = 0.48$, $Q = 0.58$, $p = 0.45$, $I^2 = 0\%$). For BMI, there was a trend for a small, statistically significant reduction along with

Table 3
Changes in primary and secondary outcomes.

Variable ^a	ES (#)	Participants (#)	Mean (95% CI)	Z (p)	Q (p)	I ² (%)
<i>Primary</i>						
Femoral neck	3	187	0.583 (0.031, 1.135)	2.07 (0.04)*	5.6 (0.06)**	64.0
Lumbar spine	5	275	0.190 (–0.036, 0.416)	1.65 (0.10)**	3.0 (0.55)	0
<i>Secondary</i>						
Total hip	5	269	–0.035 (–0.270, 0.199)	–0.30 (0.77)	4.3 (0.37)	6.0
Body weight (kg)	3	103	–0.06 (–0.24, 0.11)	–0.71 (0.48)	0.9 (0.64)	0
BMI (kg/m ²)	3	103	–0.19 (–0.41, 0.02)	–1.75 (0.08)**	0.7 (0.71)	0

^a Unless noted otherwise, all outcomes are reported as standardized effect size (*g*); ES, effect size; #, number; participants (#), number of exercise and control participants nested within ES's and studies; Z(*p*), z-score and alpha value; Q(*p*), Cochran's Q statistic and alpha value; I² (%), I-squared.

* Statistically significant ($p \leq 0.05$).

** Trend for statistical significance ($p > 0.05$ to ≤ 0.10).

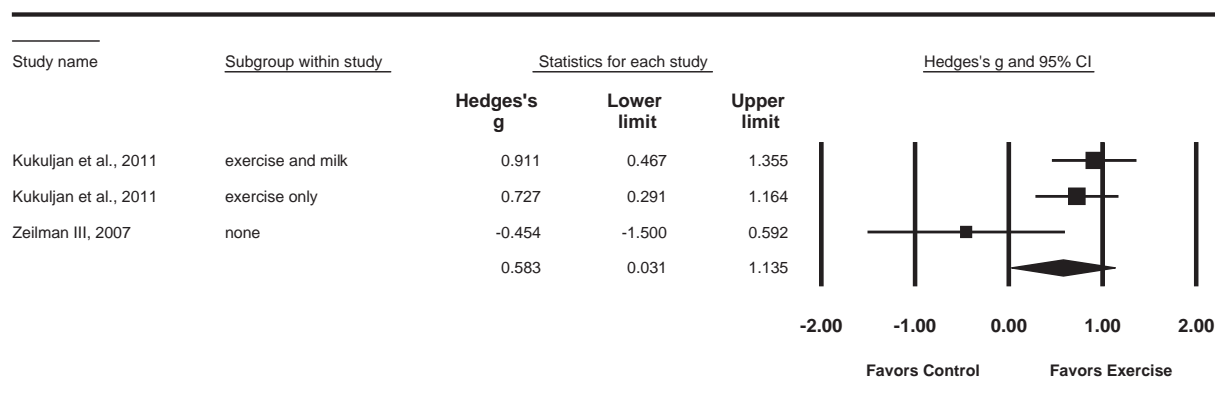


Fig. 2. Forest plot for changes in FN BMD. Forest plot for point estimate standardized effect size changes (g) in FN BMD. The black squares represent the standardized mean difference (g) while the left and right extremes of the squares represent the corresponding 95% confidence intervals. The middle of the black diamond represents the overall standardized mean difference (g) while the left and right extremes of the diamond represent the corresponding 95% confidence intervals.

no statistically significant heterogeneity. This was equivalent to a relative reduction of approximately 2%. No outliers were observed. The 95% PI was -1.60 to 1.22 kg/m². With each group deleted from the model once, this trend no longer existed across any of the deletions. When findings were collapsed so that only one ES represented each study, there was a trend for a small, statistically significant reduction along with no statistically significant heterogeneity (-0.19 kg/m², 95% CI = -0.41 , 0.02 kg/m², $p = 0.08$, $Q = 0.63$, $p = 0.43$, $I^2 = 0\%$).

Discussion

To the best of the authors' knowledge, this is the first meta-analysis that specifically addresses the randomized controlled trial literature with respect to the effects of ground and/or joint reaction force exercise on FN and LS BMD in men. Overall, a moderate and statistically significant benefit was observed at the FN while a trend for a small and statistically significant benefit was observed at the LS. However, the findings for both FN and LS BMD were sensitive to influence analysis and/or collapsing multiple groups from the same study so that only one g represented each study. For FN BMD, the study by Zeilman [45] appeared to be highly influential. Specifically, when deleted from the model, the overall benefits in FN BMD were considered to be large and statistically significant. However, when included with either of the other two studies deleted [25,44], the overall findings were no longer statistically significant. Furthermore, and not surprisingly, FN results also became non-significant when

only one g represented each study. This was most likely the result of a greater influence of the Zeilman study on the overall results [45]. Finally, the PI for estimating the expected results of a new trial crossed zero for FN BMD. While PI should not be confused with CI since the former are based on a random mean effect while CI are not [36], PI may be beneficial for future researchers interested in conducting randomized controlled intervention trials addressing the effects of ground and/or joint reaction force exercise on FN BMD in men.

While the overall results for LS BMD were not statistically significant, there was a trend for a small, statistically significant benefit ($p = 0.10$) with no apparent heterogeneity when analyzed at both the group and study level. However, results were statistically significant when the exercise and milk group in the study by Kukuljan et al. [25] was deleted from the model. The influence of this group on the overall results may have been the result of the g for this study being calculated based on the difference between an exercise and milk versus milk only group as opposed to an exercise only versus non-intervention control group. In contrast, changes in LS BMD were no longer statistically significant when the other groups were deleted from the analysis. Finally, the PI for estimating the expected results of a new trial included zero.

Given the small number of g's included and the instability of results, it is believed that there is currently insufficient evidence to recommend exercise as a singular intervention for improving and/or maintaining FN and LS BMD in men. However, similar to recent clinical practice

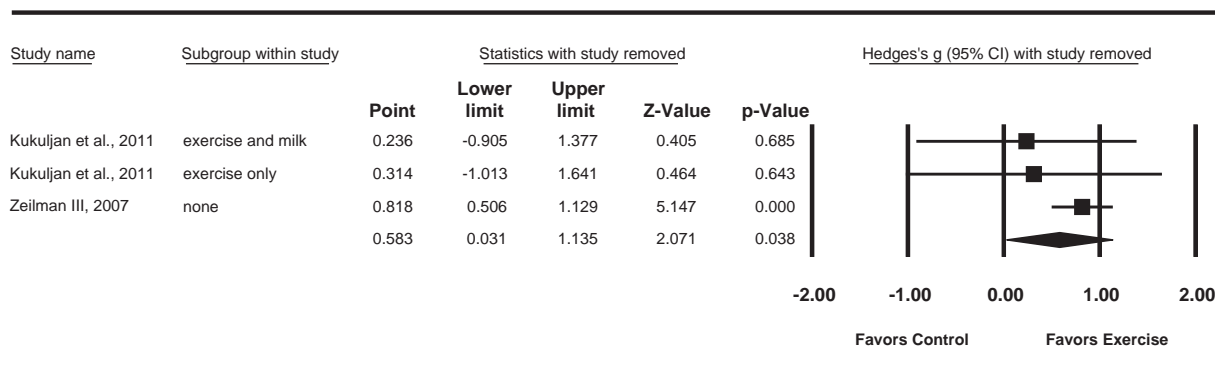


Fig. 3. Influence analysis for changes in FN BMD. Influence analysis for point estimate standardized effect size changes (g) in FN BMD with each corresponding study deleted from the model once. The black squares represent the standardized mean difference (g) while the left and right extremes of the squares represent the corresponding 95% confidence intervals. The middle of the black diamond represents the overall standardized mean difference (g) while the left and right extremes of the diamond represent the corresponding 95% confidence intervals. Results are ordered from smallest to largest values of g.

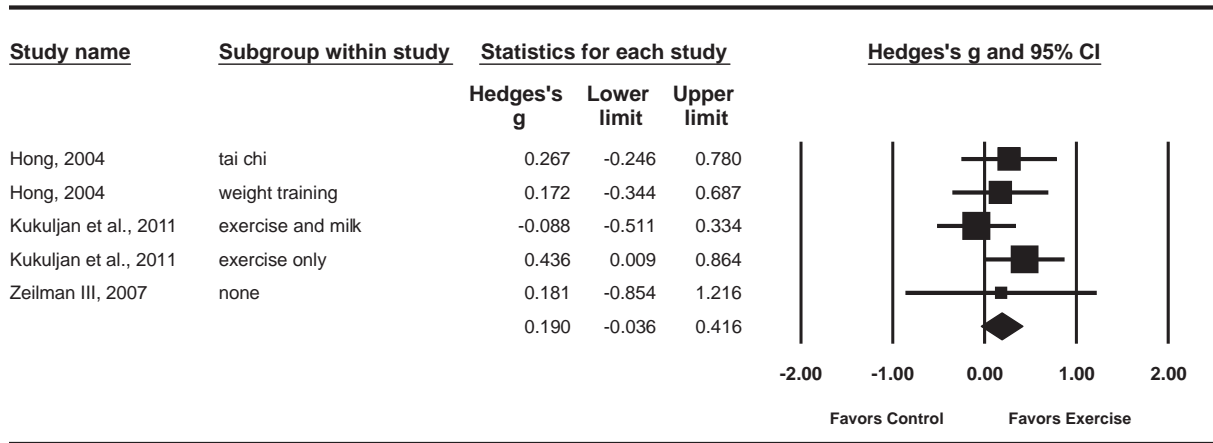


Fig. 4. Forest plot for changes in LS BMD. Forest plot for point estimate standardized effect size changes (g) in LS BMD. The black squares represent the standardized mean difference (g) while the left and right extremes of the squares represent the corresponding 95% confidence intervals. The middle of the black diamond represents the overall standardized mean difference (g) while the left and right extremes of the diamond represent the corresponding 95% confidence intervals.

guidelines by the Endocrine Society on osteoporosis in men [46] it is suggested that men, especially those at risk for osteoporosis, participate in regular exercise. While the Endocrine Society guidelines suggest that men participate in weight bearing, i.e., ground reaction force exercise, three to four times per week for 30 to 40 min per session, the American College of Sports Medicine Position Statement suggests that adults participate in ground reaction force exercise, i.e., weight bearing endurance exercise, 3 to 5 times per week for 30 to 60 min per session as well as joint reaction force exercise, i.e., weight training, 2 to 3 times per week [47]. Despite the current lack of convincing evidence to support the use of exercise for improving and/or maintaining FN and LS BMD in men, it would seem plausible that adherence to the latter would be more appropriate, especially given the other benefits and minimal risk derived from participation in both [47,48].

For secondary outcomes, the overall results indicated no statistically significant changes for total hip BMD or body weight. However, there was a trend for a statistically significant reduction in BMI. While these results are interesting, secondary outcomes in any meta-analysis should be viewed with caution since they may represent a biased sample given that they are only included if data for the primary outcomes of interest are available.

While the results of the current meta-analysis are important, they should be viewed with regard to the following. First, the number of results for both FN and LS BMD was small. While some might consider

the number of results too small for meta-analysis, it's important to realize that one of the very reasons for conducting a meta-analysis is when the number of results for a particular outcome is small. To support this contention, the Cochrane Collaboration currently recommends a minimum of two studies for inclusion in a meta-analysis [49]. The inclusion of a small number of studies in meta-analyses is common. For example, Davey et al., recently reported that the median number of studies included in a meta-analysis was three with an interquartile range of 2 to 6 [50]. Thus, the currently reported meta-analysis is consistent with contemporary practice. In addition, a minimum of 2 studies seems reasonable given that multiple participants are nested within each study. The former notwithstanding, the small number of studies in the current meta-analysis may limit one from generalizing beyond the populations included in each of the studies. Clearly, additional randomized controlled trials addressing the effects of exercise on FN and LS BMD in men are needed. This recommendation is consistent with the 2008 US Department of Health and Human Services Physical Activity Guidelines for Americans [51].

Second, two of the three studies included in the current meta-analysis were dissertations [44,45]. Some might consider the inclusion of such as inappropriate because of the perception that they are of lower quality when compared with research published in peer-reviewed journals. However, in a recent study by Moyer et al., it was concluded that unpublished dissertations should be included in comprehensive literature

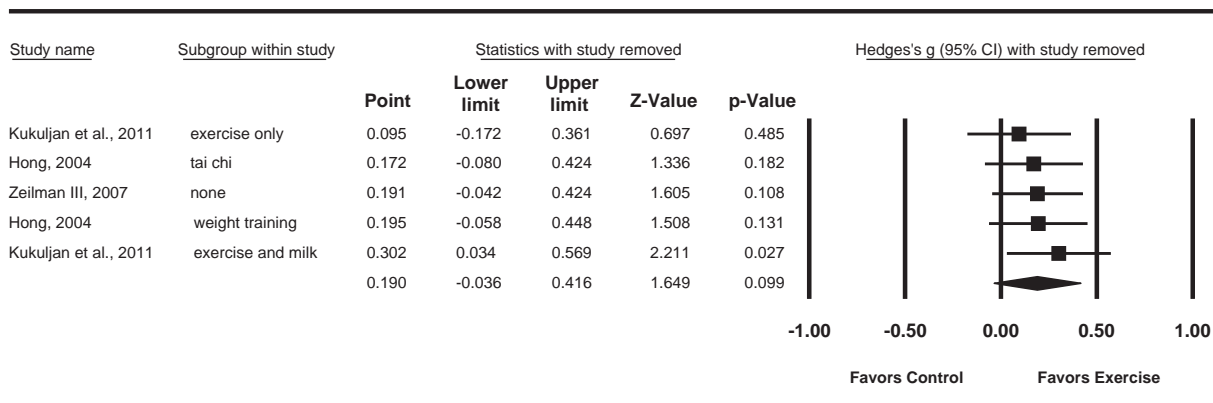


Fig. 5. Influence analysis for changes in LS BMD. Influence analysis for point estimate standardized effect size changes (g) in LS BMD with each corresponding study deleted from the model once. The black squares represent the standardized mean difference (g) while the left and right extremes of the squares represent the corresponding 95% confidence intervals. The middle of the black diamond represents the overall standardized mean difference (g) while the left and right extremes of the diamond represent the corresponding 95% confidence intervals. Results are ordered from smallest to largest values of g .

reviews, including meta-analyses [52]. Overall, they found that unpublished dissertations were not of lower quality when compared to those that were eventually published [52]. In addition, doctoral dissertations are (1) easy to access in comparison to other forms of gray literature, (2) free from some types of bias common in peer-reviewed literature, and (3) reported thoroughly [52]. To further support the inclusion of unpublished work such as dissertations, Cook et al., found that approximately 80% of meta-analysts and methodologists felt that unpublished material should definitely or probably be included in meta-analyses [53].

Third, because of the stricter study inclusion criteria for the current meta-analysis, including, lack of previous exercise, study design (randomized controlled trials only) and site assessed (FN and LS), none of the studies from the previous meta-analysis in men conducted more than a decade ago met the criteria for inclusion [19]. In addition, five randomized controlled trials published since the last meta-analysis were also excluded. The reasons for exclusion included (1) no clear indication of whether participants were physically active prior to enrollment [54], (2) participants serving as their own control [55], (3) previously exercising participants who were also allowed to exercise outside their intervention assignment [56], (4) no comparative control group (both groups exercised) [57] and (5) a lack of data specific to the FN and LS and which appeared to be strikingly similar to the included dissertation by Hong but with different authors [44]. Furthermore, two excluded studies included both men and women but separate data were not available for calculation of *gs* according to gender [58,59]. Given the former, it is the investigative team's belief that this new versus updated meta-analysis better reflects the current state of the randomized controlled trial literature with respect to exercise and FN and LS BMD in men.

Conclusions

There is insufficient evidence at this time to recommend ground and/or joint reaction force exercise for improving and/or maintaining FN and LS BMD in men. Additional well-designed randomized controlled trials in men are needed before any final recommendations can be formulated.

Acknowledgments

This study was supported by grant # W81XWH-10-1-0276 from the United States Department of Defense, Army Medical Research & Materiel Command (G.A. Kelley, Principal Investigator).

Appendix A. Supplementary data

Supplementary data to this article can be found online at <http://dx.doi.org/10.1016/j.bone.2012.11.031>.

References

- [1] Johnell O, Kanis JA. An estimate of the worldwide prevalence and disability associated with osteoporotic fractures. *Osteoporos Int* 2006;17:1726–33.
- [2] Looker AC, Burrod LG, Dawson-Hughes B, Shepherd JA, Wright NC. Osteoporosis or low bone mass at the femur neck or lumbar spine in older adults: United States, 2005–2008. NCHS data brief no 93. Hyattsville, MD: National Center for Health Statistics; 2012.
- [3] US Census Bureau. 2010 American community survey. US Census Bureau; 2012 [5–12–2012].
- [4] Center JR, Nguyen TV, Schneider D, Sambrook PN, Eisman JA. Mortality after all major types of osteoporotic fracture in men and women: an observational study. *Lancet* 1999;353:878–82.
- [5] Forsen L, Sogaard AJ, Meyer HE, Edna T, Kopjar B. Survival after hip fracture: short- and long-term excess mortality according to age and gender. *Osteoporos Int* 1999;10:73–8.
- [6] Haentjens P, Magaziner J, Colon-Emeric CS, Vanderschueren D, Milisen K, Velkeniers B, et al. Meta-analysis: excess mortality after hip fracture among older women and men. *Ann Intern Med* 2010;152:380–90.
- [7] Holt G, Smith R, Duncan K, Hutchison JD, Gregori A. Gender differences in epidemiology and outcome after hip fracture: evidence from the Scottish Hip Fracture Audit. *J Bone Joint Surg Br* 2008;90:480–3.
- [8] Johnell O, Kanis J. Epidemiology of osteoporotic fractures. *Osteoporos Int* 2005;16 (Suppl. 2):S3–7.
- [9] Nguyen ND, Ahlborg HG, Center JR, Eisman JA, Nguyen TV. Residual lifetime risk of fractures in women and men. *J Bone Miner Res* 2007;22:781–8.
- [10] Cooper C, Campion G, Melton LJ. Hip fractures in the elderly: a world-wide projection. *Osteoporos Int* 1992;2:285–9.
- [11] Seeman E. Osteoporosis in men: epidemiology, pathophysiology, and treatment possibilities. *Am J Med* 1993;95:22S–8S.
- [12] Bonjour JP, Theintz G, Law F, Slosman D, Rizzoli R. Peak bone mass. *Osteoporos Int* 1994;4 (Suppl. 1):7–13.
- [13] Fatayerji D, Eastell R. Age-related changes in bone turnover in men. *J Bone Miner Res* 1999;14:1203–10.
- [14] Khosla S, Melton III LJ, Atkinson EJ, O'Fallon WM, Klee GG, Riggs BL. Relationship of serum sex steroid levels and bone turnover markers with bone mineral density in men and women: a key role for bioavailable estrogen. *J Clin Endocrinol Metab* 1998;83:2266–74.
- [15] Gallagher JC, Kinyamu HK, Fowler SE, Dawson-Hughes B, Dalsky GP, Sherman SS. Calcitropic hormones and bone markers in the elderly. *J Bone Miner Res* 1998;13:475–82.
- [16] Clarke BL, Ebeling PR, Jones JD, Wahner HW, O'Fallon WM, Riggs BL, et al. Predictors of bone mineral density in aging healthy men varies by skeletal site. *Calcif Tissue Int* 2002;70:137–45.
- [17] Drenkard K. Strategy as solution: developing a nursing strategic plan. *J Nurs Adm* 2012;42:242–3.
- [18] Akobeng AK. Understanding randomised controlled trials. *Arch Dis Child* 2005;90:840–4.
- [19] Kelley GA, Kelley KS, Tran ZV. Exercise and bone mineral density in men: a meta-analysis. *J Appl Physiol* 2000;88:1730–6.
- [20] Sacks HS, Chalmers TC, Smith H. Randomized versus historical controls for clinical trials. *Am J Med* 1982;72:233–40.
- [21] Schulz KF, Chalmers I, Hayes R, Altman DG. Empirical evidence of bias: dimensions of methodological quality associated with estimates of treatment effects in controlled trials. *JAMA* 1995;273:408–12.
- [22] National Osteoporosis Foundation. America's bone health: the state of osteoporosis and low bone mass in our nation. Washington, DC: National Osteoporosis Foundation; 2002.
- [23] Shojania KG, Sampson M, Ansari MT, Ji J, Doucette S, Moher D. How quickly do systematic reviews go out of date? A survival analysis. *Ann Intern Med* 2007;147:224–33.
- [24] Snow CM, Matkin CC, Shaw JM. Physical activity and risk for osteoporosis. In: Marcus R, Feldman D, Kelsey J, editors. *Osteoporosis*. San Diego: Academic Press; 1996. p. 511–28.
- [25] Kukuljan S, Nowson CA, Sanders KM, Nicholson GC, Seibel MJ, Salmon J, et al. Independent and combined effects of calcium–vitamin D3 and exercise on bone structure and strength in older men: an 18-month factorial design randomized controlled trial. *J Clin Endocrinol Metab* 2011;96:955–63.
- [26] Sinaki M, Wahner HW, Offord KP, Hodgson SF. Efficacy of nonloading exercises in prevention of vertebral bone loss in postmenopausal women: a controlled trial. *Mayo Clin Proc* 1989;64:762–9.
- [27] Liberati A, Altman DG, Tetzlaff J, Mulrow C, Gotzsche PC, Ioannidis JP, et al. The PRISMA statement for reporting systematic reviews and meta-analyses of studies that evaluate health care interventions: explanation and elaboration. *Ann Intern Med* 2009;151:W65–94.
- [28] Reference manager. [12.0.1]. Philadelphia, PA: Thompson ResearchSoft; 2009.
- [29] Microsoft Excel. [2007]. Redmond, WA: Microsoft Corporation; 2007.
- [30] Weeks BK, Beck BR. The BPAQ: a bone-specific physical activity assessment instrument. *Osteoporos Int* 2008;19:1567–77.
- [31] Higgins JPT, Green S. Cochrane handbook for systematic reviews of interventions (version 5.0.2). The Cochrane Collaboration; 2009 [9–1].
- [32] Hartling L, Ospina M, Liang Y, Dryden DM, Hooton N, Krebs SJ, et al. Risk of bias versus quality assessment of randomised controlled trials: cross sectional study. *Br Med J* 2009;339:b4012.
- [33] Hedges LV, Olkin I. Statistical methods for meta-analysis. San Diego, CA: Academic Press; 1985.
- [34] Dersimonian R, Laird N. Meta-analysis in clinical trials. *Control Clin Trials* 1986;7:177–88.
- [35] Cohen J. A power primer. *Psychol Bull* 1992;112:155–9.
- [36] Higgins JP, Thompson SG, Spiegelhalter DJ. A re-evaluation of random-effects meta-analysis. *J R Stat Soc Ser A* 2009;172:137–59.
- [37] Kelley GA, Kelley KS. Impact of progressive resistance training on lipids and lipoproteins in adults: another look at a meta-analysis using prediction intervals. *Prev Med* 2009;49:473–5.
- [38] Graham PL, Moran JL. Robust meta-analytic conclusions mandate the provision of prediction intervals in meta-analysis. *Biometrics* 2000;56:455–63.
- [39] Higgins JPT, Thompson SG, Deeks JJ, Altman DG. Measuring inconsistency in meta-analyses. *Br Med J* 2003;327:557–60.
- [40] Duval S, Tweedie R. Trim and fill: a simple funnel-plot-based method of testing and adjusting for publication bias in meta-analysis. *Biometrics* 2000;56:455–63.
- [41] Duval S, Tweedie R. A nonparametric “trim and fill” method of accounting for publication bias in meta-analysis. *J Am Stat Assoc* 2000;95:89–98.
- [42] Biostat. Comprehensive meta-analysis. [2.2]. New Jersey: Englewood; 2006.
- [43] Statistical Services Center. SSC-Stat. [2.18]. University of Reading, United Kingdom: Statistical Services Center; 2007.

- [44] Hong WL. Tai Chi and resistance training exercise: would these really improve the health of the elderly?. The Chinese University of Hong Kong; 2004.
- [45] Zeilman III CJ. Inflammatory bowel disease, osteoporosis, exercise, and bone mineral density. University of Florida; 2007 [56].
- [46] Watts NB, Adler RA, Bilezikian JP, Drake MT, Eastell R, Orwoll ES, et al. Osteoporosis in men: an Endocrine Society clinical practice guideline. *J Clin Endocrinol Metab* 2012;97:1802–22.
- [47] Kohrt WM, Bloomfield SA, Little KD, Nelson ME, Yingling VR. American College of Sports Medicine Position Stand: physical activity and bone health. *Med Sci Sports Exerc* 2004;36:1985–96.
- [48] Pedersen BK, Saltin B. Evidence for prescribing exercise as therapy in chronic disease. *Scand J Med Sci Sports* 2006;16:3–63.
- [49] Higgins JPT, Green S. Cochrane handbook for systematic reviews of interventions version 5.1.0 [updated March 2011]. The Cochrane collaboration; 2011.
- [50] Davey J, Turner RM, Clarke MJ, Higgins JPT. Characteristics of meta-analyses and their component studies in the Cochrane Database of Systematic Reviews: a cross-sectional, descriptive analysis. *BMC Med Res Methodol* 2011;11.
- [51] Physical Activity Guidelines Advisory Committee. Physical activity guidelines advisory report. Washington, DC, U.S.: Department of Health and Human Services; 2008.
- [52] Moyer A, Schneider S, Knapp-Oliver SK, Sohl SJ. Published versus unpublished dissertations in psycho-oncology intervention research. *Psychooncology* 2010;19:313–7.
- [53] Cook DJ, Guyatt GH, Ryan G, Clifton J, Buckingham L, Willan A, et al. Should unpublished data be included in meta-analyses? Current convictions and controversies. *JAMA* 1993;269:2749–53.
- [54] Huuskonen J, Vaisanen SB, Kroger H, Jurvelin JS, Alhava E, Rauramaa R. Regular physical exercise and bone mineral density: a four-year controlled randomized trial in middle-aged men. The DNASCO study. *Osteoporos Int* 2001;12:349–55.
- [55] Maddalozzo GF, Snow CM. High intensity resistance training: effects on bone in older men and women. *Calcif Tissue Int* 2000;66:399–404.
- [56] McCartney N, Hicks AL, Martin J, Webber CE. A longitudinal trial of weight training in the elderly: continued improvements in year 2. *J Gerontol* 1996;6: B425–33.
- [57] Stewart K, Bacher A, Hees P, Tayback M, Ouyang P, Jan de Beur S. Exercise effects on bone mineral density relationships to changes in fitness and fatness. *Am J Prev Med* 2005;28:453–60.
- [58] Villareal DT, Chode S, Parimi N, Sinacore DR, Hilton T, Armamento-Villareal R, et al. Weight loss, exercise, or both and physical function in obese older adults. *N Engl J Med* 2011;364:1218–29.
- [59] Villareal DT, Steger-May K, Schechtman KB, Yarasheski KE, Brown M, Sinacore DR, et al. Effects of exercise training on bone mineral density in frail older women and men: a randomised controlled trial. *Age Ageing* 2004;33:309–12.